



Gala Sponsorship Form

Arlington Academy of Hope 5th Annual Gala & Auction Friday October 28, 2011. Key Bridge Marriott Hotel, Arlington, VA 22209

Contact Name _____ Title _____

Sponsor Name (as you wish it to be listed) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Sponsorship level:

Bronze \$1,000 Silver \$2,500 Gold \$5,000 Platinum \$10,000

Payment Method:

<p>Check <input type="checkbox"/> Return this form (with check if applicable) to: Amount _____ Arlington Academy of Hope, P.O. Box 7694, Arlington, VA 22207 Please make checks payable to Arlington Academy of Hope and return with this form.</p> <p>Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard Amount _____</p> <p>Account # _____ Expiration Date _____ <small>Arlington Academy of Hope · P.O. Box 7694 · Arlington, VA 22207 · 571-228-4102 · www.ArlingtonAcademyofHope.org</small></p> <p>Cardholder Name (please print clearly) _____</p> <p>Signature _____ Date _____</p>
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