



ORDER FORM

2018 Boroughbred Ball

**THE LIGHTHOUSE, PIER SIXTY
@ CHELSEA PIERS, NEW YORK CITY**

TUESDAY, DECEMBER 11, 2018

**6:30 PM COCKTAIL RECEPTION AND
SILENT AUCTION**

7:30 PM DINNER AND PRESENTATION

SPONSORSHIP

\$100,000 PLATINUM SPONSOR *Contribution portion is \$96,500*

- Two Tables of Ten (20 tickets) with Premium Seating
- Red Carpet Backdrop – your logo added to the ACC Step & Repeat to be featured at event as well photo recap
- Listing as Platinum Sponsor on all Print & Electronic Materials
- Back Cover Ad Placement in Event Journal
- Prominent Website Logo Placement
- Virtual Logo Placement on screens at the event
- Social Media, E-Mail, and other media credits including Press Release
- Live Recognition of Sponsorship Night of Event

\$50,000 GOLD SPONSOR *Contribution portion is \$48,250*

- Table of Ten with Premium Seating
- Listing as Gold Sponsor on all Print & Electronic Materials
- Full Page Ad in Event Journal
- Prominent Website Logo Placement
- Social Media, E-Mail, and other media credits including Press Release
- Live Recognition of Sponsorship Night of Event

\$25,000 SILVER SPONSOR *Contribution portion is \$23,250*

- Table of Ten with Priority Seating
- Listing as Silver Sponsor on all Print & Electronic Materials
- Half Page Ad in Event Journal
- Website Logo Placement
- Live Recognition of Sponsorship Night of Event

TABLES/TICKETS

- \$10,000** *Contribution portion is \$8,250*
• Table of ten with Premier Seating
- \$5,000** *Contribution portion is \$3,250*
• Table of ten with Priority Seating
- \$400** *Contribution portion is \$225*
• Individual ticket

CONTRIBUTION

- I/We cannot attend but wish to make a tax-deductible contribution of \$ _____ to support ACC.*

**All contributions are fully tax-deductible to the fullest extent allowed by law. Proceeds benefit ACC.*

GUEST INFORMATION

Name: _____

Guests Name(s): _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (day): _____ Fax: _____

Email: _____

GALA LISTING

As you wish you be listed in Gala materials (if different from name above):

PAYMENT INFORMATION

- Total Payment Amount \$ _____ *
- Check enclosed (made payable to Animal Care Centers of NYC)
- Personal Credit Card (AmEX, MC, Visa, Discover)
- Corporate Card

Card #: _____

CSC Code: _____ Exp. Date: _____

Name as it appears on card/Include corporate name if applicable:

SEND COMPLETED ORDER FORM

By Mail: ACC / Development Department /
11 Park Place, Ste 805 / NYC, NY 10007

By Fax: 212 - 341 - 3039

By Email: rsvp@nycacc.org

For more information, please contact the Development Department at rsvp@nycacc.org.