

AIF

AMERICAN
INDIA
FOUNDATION

2014 **AMERICAN INDIA FOUNDATION** ANNUAL BAY AREA

BOWTIES &
BANGLES

Join Us

Saturday, March 29, 2014
Hilton Union Square
333 O'farrell Street,
San Francisco

Gala



2014 AMERICAN INDIA FOUNDATION ANNUAL BAY AREA

BOWTIES & BANGLES *Gala*

SPONSORSHIP OPPORTUNITIES

BENEFACTOR TABLES

\$100,000

- 3 Prime Tables
- Gala Chair Listing
- AIF Website Recognition
- 2014 Annual Report Recognition
- Complimentary Valet Parking for All Guests

UNDERWRITER TABLES

\$50,000

- 2 Prime Tables
- Gala Chair Listing
- AIF Website Recognition
- 2014 Annual Report Recognition
- Complimentary Valet Parking for All Guests

PATRON TABLE

\$25,000

- 1 Preferred Table
- Gala Co-Chair Listing
- AIF Website Recognition
- 2014 Annual Report Recognition
- Complimentary Valet Parking for Table Sponsor

CHAMPION TABLE

\$10,000

- 1 Choice Table
- Sponsor Listing
- AIF Website Recognition
- 2014 Annual Report Recognition

INDIVIDUAL TICKET

\$2,500

- 1 Prime Seating Ticket
- Sponsor Listing
- AIF Website Recognition
- 2014 Annual Report Recognition

INDIVIDUAL TICKET

\$1,000

- 1 Choice Seating Ticket
- AIF Website Recognition
- 2014 Annual Report Recognition

QUERIES?

Please contact Luz Pacheco at:

Tel: 408.916.1976

Fax: 408.982.0784

Email: luz.pacheco@aif.org

Or visit AIF Gala Headquarters

4800 Great America Parkway Suite 400

Santa Clara, CA 95054

The non-deductible portion is \$150/ticket. AIF's Tax ID Number is 13-4159765. AIF is a registered 501(c)(3) non-profit organization.



2014 AMERICAN INDIA FOUNDATION ANNUAL BAY AREA

BOWTIES & BANGLES

Gala

Yes, I WILL BE ATTENDING THE 2014 BAY AREA GALA

Please reserve:

___ Benefactor Tables for \$100,000

___ Individual Ticket(s) at \$2,500

___ Underwriter Tables for \$50,000

___ Individual Ticket at \$1,000

___ Patron Table for \$25,000

___ I am unable to attend, but would like

___ Champion Table at \$10,000

to contribute \$ _____

___ Enclosed is my check payable to AMERICAN INDIA FOUNDATION (Please write "Bay Area Gala 2014 in the memo section)

___ Please charge my credit card for \$ _____ American Express Discover Mastercard Visa

Card # _____ Expiration Date _____ Security Code _____

Signature _____

For your acknowledgment, please print your name exactly as it should appear:

I prefer a business listing I prefer a personal listing Name (Ms/Mr/Mrs/Dr) _____

Title / Company _____

Contact Name _____ Contact Email _____

Address _____ City _____ State _____ Zip _____

Email Address (required) _____

Phone _____ Fax _____ Mobile _____

Billing Address Same As Above

Billing Address _____ City _____ State _____ Zip _____

Please fax this form to: 408.982.0784 or email to luz.pacheco@aif.org