

Bowties & Bangles

PASEA HOTEL & RESORT

21080 Pacific Coast Hwy
Huntington Beach, CA 92648

**SATURDAY
MARCH 17, 2018
5:30 PM**

PROGRAM

5:30 PM
Cocktail Reception

7:00 PM
Program & Dinner

9:30 PM
Dancing

DRESS CODE

Formal or Indian Formal

SPONSORSHIP OPPORTUNITIES

BENEFACTOR	\$100,000
<p>3 PRIME TABLES GALA CHAIR LISTING AIF WEBSITE RECOGNITION 2018 ANNUAL REPORT RECOGNITION COMPLIMENTARY VALET PARKING FOR ALL GUESTS</p> <p style="text-align: right;">This level reserved for one organization or individual</p>	
UNDERWRITER	\$50,000
<p>2 PRIME TABLES GALA CHAIR LISTING AIF WEBSITE RECOGNITION 2018 ANNUAL REPORT RECOGNITION COMPLIMENTARY VALET PARKING FOR ALL GUESTS</p>	
PATRON	\$25,000
<p>1 PRIME TABLE GALA CHAIR LISTING AIF WEBSITE RECOGNITION 2018 ANNUAL REPORT RECOGNITION COMPLIMENTARY VALET PARKING FOR ALL GUESTS</p>	
CHAMPION	\$10,000
<p>1 PREFERRED TABLE SPONSOR LISTING AIF WEBSITE RECOGNITION 2018 ANNUAL REPORT RECOGNITION COMPLIMENTARY VALET PARKING FOR ALL GUESTS</p>	
CHOICE	\$5,000
<p>1 CHOICE TABLE 2018 ANNUAL REPORT RECOGNITION COMPLIMENTARY VALET FOR THE TABLE SPONSOR</p>	
INDIVIDUAL	\$500
<p>1 CHOICE SEATING TICKET 2018 ANNUAL REPORT RECOGNITION</p>	

QUERIES?

Please contact us at: 714-655-2366 or southerncalifornia@aif.org

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.



YES, I WILL BE ATTENDING!

PLEASE RESERVE:

Benefactor Table for **\$100,000**

Underwriter Table for **\$50,000**

Patron Table for **\$25,000**

Champion Table for **\$10,000**

Choice Table at **\$5,000**

Individual Ticket(s) at **\$500**

I am unable to attend,
but would like to contribute \$ _____

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Enclosed is my check payable to AMERICAN INDIA FOUNDATION
(Please write Bowties & Bangles Gala in the memo section)

Please charge my: AMEX DISC MC VISA

Card Number _____

Expiration Date _____ CSV 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 address

City _____

State _____ Zip _____

Please email form to luz.pacheco@aif.org

For event information, please contact Shannon at southerncalifornia@aif.org

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