

EASTERSEALS BRIGHT STARS AT DISNEY ON ICE!

Thursday, February 13, 2020 • CAPITAL ONE ARENA Circle of Heroes VIP Sponsor Reception 5:30 PM • Show 7:30 PM

Your favorite Disney stories come to life at *Disney On Ice presents Celebrate Memories*! Sail along with Moana on her high-seas adventure and dance with Woody, Buzz and all the Toy Story friends. Feel inspired when love wins in *Frozen* and dreams come true for the Disney Princesses. Share the excitement and make new memories the whole family will treasure forever!

Funds benefit Easterseals serving DC, MD and VA. Money raised enables the continuation of exceptional services for people with disabilities or special needs and their families, so that individuals can live, learn, work and play in our communities.

Sponsorships offer opportunities for companies to entertain guests or clients, to reward employees, or to provide families with a fun-filled evening while supporting Easterseals.

Sponsorships start at \$1,000. A limited number of individual tickets are also available.

Bright Stars Committee

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WASHINGTON Business Journal

Easterseals DC MD VA • 1420 Spring Street, Silver Spring, MD 20910
For additional information, contact **Christine Ash**, Special Events Associate Manager Email: **events@eseal.org •** Phone: **301-920-9748 •** Website: **BrightStarsDC.org**



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Presented by:



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Reservation Form

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□ \$25,000	INDEPENDENCE (100 Premium Level Show Tickets & 20 Reception Tickets; FMV: \$8,500
□ \$10,000	EMPOWERMENT (40 Premium Level Show Tickets & 16 Reception Tickets; FMV: \$2,600)
□ \$5,000	OPPORTUNITY (20 Premium Level Show Tickets & 10 Reception Tickets; FMV: \$1,400)
□ \$2,500	DIGNITY (10 Premium Level Show Tickets & 8 Reception Tickets; FMV: \$850)
□ \$1,000	ABILITY (4 Premium Level Show Tickets & 4 Reception Tickets; FMV: \$380)

SINGLE TICKET (maximum of 4)

□ \$100 (1 Show Ticket, FMV: \$40)

With your sponsorship support, tickets will be provided to children & adults with disabilities including wounded warriors and military veterans and their families.

☐ I would like to make a donation in another amount not shown above: \$	
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DONOR INFORMATION: (PRINT AS IT SHOULD APPEAR ON PRINTED MATERIALS)	

	Name:			_ is this a ⊔	Personal Gift OR LICO	mpany Gr	
	Company: (if business donation)						
	Street Address:						
	City:		State:	;	Zip:		
	Phone (daytime):		Fax:Fax:				
	Email:						
PAYMENT TYPE: □ Enclosed is my Check/Money Order (payable to Easter Seals) □ Please Invoice Me							
	☐ Please Charge:	□VISA	□MasterCard	□AMEX			
	Name as it appears on card:						
	Account #:		Exp	_/	CVV Code:		
	Signature:		Date:				

Thank you for supporting Easterseals, a 501(c)3 nonprofit organization. #53-0212296

Your VIP Committee Member's Name:

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