

Easter Seals *Evening of Empowerment 2019* Sponsorship Opportunities Response Form

I would like to support Easter Seals *Evening of Empowerment* in the following capacity:

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Ad:	Half Page 5.5 x	4.25, B	&W, jpeg or pdf Full	Page	5.5 x 8.5, B&W, jpeg or pdf			
{ }	I am unable to attend, but would like to support Easter Seals with a gift of \$							
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## **Contact Information**

Name:	Company:				
Address:					
City:		State:	Zip:		
Phone:	Em	ail:			
To pay by <b>check:</b> Please mak	e check payable to E	aster Seals			
Mail form to: Easter Seals	<mark>, Attn: Jennifer Bow</mark>	man, 89 South Stre	eet, Boston, MA 02111		
To pay by credit card:					
Credit Card:			Exp date:		
Name as it appears on card: _			_ Security code:		
Today's date:	Signature:				
If you have any questions,	, or to email your res	ponse form, please c	ontact Jennifer Bowman at		
jbov	vman@eastersealsma	<u>.org</u> or call 617-226-	2640		