AMERICAN INDIA FOUNDATION ORANGE COUNTY

BOWTIES & BANGLES

Annual Gala

SATURDAY • MARCH 19, 2016 • 5:30 PM

FAIRMONT NEWPORT BEACH
4500 MACARTHUR BLVD
NEWPORT BEACH, CALIFORNIA
SPONSORSHIP LEVELS

**BENEFACITOR**
- 3 PRIME TABLES
- GALA CHAIR LISTING
- AIF WEBSITE RECOGNITION
- 2016 ANNUAL REPORT RECOGNITION
- COMPLIMENTARY VALET PARKING FOR ALL GUESTS

$100,000
This level reserved for one organization or individual

**UNDERWRITER**
- 2 PRIME TABLES
- GALA CHAIR LISTING
- AIF WEBSITE RECOGNITION
- 2016 ANNUAL REPORT RECOGNITION
- COMPLIMENTARY VALET PARKING FOR ALL GUESTS

$50,000

**PATRON**
- 1 PRIME TABLE
- GALA CO-CHAIR LISTING
- AIF WEBSITE RECOGNITION
- 2016 ANNUAL REPORT RECOGNITION
- COMPLIMENTARY VALET PARKING FOR ALL GUESTS

$25,000

**CHAMPION**
- 1 PREFERRED TABLE
- SPONSOR LISTING
- AIF WEBSITE RECOGNITION
- 2016 ANNUAL REPORT RECOGNITION
- COMPLIMENTARY VALET PARKING FOR ALL GUESTS

$10,000

**CHOICE**
- 1 CHOICE TABLE
- 2016 ANNUAL REPORT RECOGNITION
- COMPLIMENTARY VALET PARKING FOR TABLE SPONSOR

$5,000

**INDIVIDUAL**
- 1 CHOICE SEATING TICKET
- 2016 ANNUAL REPORT RECOGNITION

$500

QUERIES?
Please contact us at: 408.916.1976 or luz.pacheco@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.
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 $__________

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

Please charge my:  
- AMERICAN EXPRESS  
- DISCOVER  
- MASTERCARD  
- 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
408.916.1976

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