

NABA VISIONARY GALA

2020 Sponsorship Levels

PLATINUM - \$5,000

12 tickets, company name, logo on all printed materials for gala, Facebook and website, two full page color ads (8" x 10.5"), company banner displayed at event and opportunity to introduce and share information about your organization.

GOLD - \$3,500

10 tickets, company name, logo on all printed materials for gala, Facebook and website, full page color ad (8" x 10.5"), company banner displayed at event.

SILVER - \$2,500

8 tickets, company name, logo on all printed materials for gala, Facebook and website, half page color ad (8" x 5.125").

BRONZE - \$1,500

6 tickets, company name, logo on all printed materials for gala, Facebook and website, quarter page color ad (3.875" x 5.125").

COPPER - \$750

4 tickets, company name, logo on all printed materials for gala, Facebook and website, quarter page color ad (3.875" x 5.125").

FRIENDS of NABA

Honorary Couple \$300/ Individual \$175, Name in invitation and program.

The Northeastern Association of the Blind Visionary Gala is black tie optional event being held at 6:30pm on Friday, March 13, 2020 at Franklin Plaza, Ballroom Fourth & Grand Street, Troy, NY 12180. Open bar & Hors D'Oeuvres,

Dinner, music, dancing, a live and silent auction.

**Proceeds from Visionary Gala benefit NABA's Youth Program,
Employment Programs and Senior Programs.**

2020 Sponsorship Commitment

Platinum - \$5,000

Copper - \$750

Gold - \$3,500

Friends of NABA - \$300

Silver - \$2,500

Friend of NABA - \$175

Bronze - \$1,500

Company Name: _____
(as you would like it to appear in printed materials)

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**Please send your company logo in EPS high color resolution format to:
ghessney@naba-vision.org**

**To be included in the printed materials, information must be received
by February 7, 2020**

Payment Options:

___ Enclosed is a check for \$ _____ (please make checks payable to NABA)

___ Please invoice my company for \$ _____

___ Please charge: American Express ___ Discover ___ Mastercard ___ Visa ___

in the amount of \$ _____

Card #: _____ Expiration Date: _____

3 Digit Security Code: ___ (back of card) For AmExp-4 Digit Code ___ (front of card)

Signature _____

Name on Card: _____

City: _____ State: _____ Zip: _____

**Please submit form and payment by February 7, 2020 to:
Northeastern Association of the Blind at Albany, Inc. (NABA)
301 Washington Avenue, Albany, NY 12206**

**Attn: Michele Puleo O'Hare or Gail A. Hessney
Phone:(518) 463-1211 ext. 241 or 201 • Fax: (518) 463-5883**

Thank you for your support!