

Help celebrate our Awards Gala and Ronald McDonald House Donation Collection by taking advantage of these sponsorship opportunities now available!

EXCLUSIVE! Photo Booth Sponsor \$1000

SOLD OUT Signage at the Photo Booth; Announcement at the dinner; Special listing on the IREM DelVal website; Name listed in the program; 2 Tickets to the Gala:

1. _____
2. _____

Valet Sponsor \$800

Limit 3 Signage at the Valet Parking; Announcement at the dinner; Special listing on the IREM DelVal website; Name listed in the program; 2 Tickets to the Gala:

1. _____
2. _____

Gala Dinner Sponsor \$600

Limit 8, 6 Available Signage during dinner; Announcement at the dinner; Special listing on the IREM DelVal website; Name listed in the program; 2 Tickets to the Gala:

1. _____
2. _____

Gala Cocktail Sponsor \$400

Limit 7, SOLD OUT Signage throughout cocktail hour; beverage napkins provided; Announcement at the dinner; Special listing on the IREM DelVal website; Name listed in the program. 1 Ticket to the Gala:

1. _____

Entertainment Sponsor \$300

Limit 5, 3 Available Signage throughout event, Announcement at the dinner; Special listing on the IREM DelVal website; Name listed in the program; 1 Ticket to the Gala:

1. _____

Please complete the section below and fax to 856-786-3894 or e-mail to lspataro@iremdelval.org

I would like to be an IREM DelVal Chapter Awards Gala Sponsor:

- ◆ Photo Booth Sponsor (\$1000)
- ◆ Valet Sponsor (\$800)
- ◆ Gala Dinner Sponsor (\$600)
- ◆ Gala Cocktail Sponsor (\$400)
- ◆ Entertainment Sponsor (\$300)

Company: _____

Contact: _____

Phone: _____

E-mail: _____

Return This Form With Payment To: IREM Delaware Valley Chapter, P.O. Box 65, Riverton, NJ 08077

Enclosed is a check made payable to: IREM DelVal Chapter

Cost of Sponsorship: \$ _____

I would like to pay by:

☐ **Check - Mail to:**

**IREM Del Val Chapter
PO Box 65, Riverton, NJ 08077**

☐ **Credit Card (circle one):**

Visa MasterCard Discover Amex Charge Amount \$ _____

Name on Card: _____

Signature: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Card #: _____

Exp Date: _____ **Security Code:** _____