



NIGHT OF
ETRAORDINARY WOMEN
 GALA 2015



SPONSORSHIP AGREEMENT

Company Information

Company Name (last, first) _____
Telephone Number _____
Email Address _____
Mailing Address _____

Sponsorship Package Information

Package Type	<i>The Diamond</i> Sponsor	<i>The Little Black Dress</i> Sponsor	<i>The Shoes and Handbags</i> Sponsor	<i>The Accessories</i> Sponsor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donation Amount	\$ _____			
In-Kind Description <i>*If applicable</i>	_____			

Additional Ticket Information

Would you like to purchase additional tickets to the gala? **Price:** \$40/each **Quantity:** _____ **Total:** \$ _____

* Please send a high-resolution .pdf file of your company logo to kmdenta@indiana.edu

* Questions? Email sponsorship coordinator, Katie Denta at kmdenta@indiana.edu