

Western Neighborhoods Project
presents

West Side Stories Gala 2017

Saturday, November 4, 2017

6:00 to 10:00 p.m.

SPONSOR RESPONSE FORM

YES! I would like to support WNP's 2017 gala dinner on Saturday, November 4, 2017 as a sponsor at the following level:

- Sutro Level (\$5,000) - limited to one**
 - Table for eight with reserved VIP seating
 - Full page ad in event program
 - Featured logo on all event collateral and website
 - Special thank you from the podium

- Big Alma Level (\$2,500)**
 - Table for eight
 - Half page ad in event program

- Kelly Level (\$1,000)**
 - Four tickets (½ table)
 - Quarter page ad in event program

I can not be a sponsor at this time, but I would like to contribute in other ways:

- Full page ad in event program (\$200)
- Half page ad in event program (\$150)
- Quarter page ad in event program (\$75)
- Donation in the amount of \$ _____
- Donation of goods or services to Silent Auction:

Payment and registration details on next page.

WEST SIDE STORIES SPONSORSHIP

PLEASE RSVP no later than Friday, October 6th, 2017.

WEST SIDE STORIES GALA
Saturday, November 4th
6:00-10:00 p.m.

Harding Park Clubhouse
99 Harding Road,
San Francisco, CA 94132

We must receive your RSVP by the stated date in order to ensure inclusion in the event program. Please print clearly your guest(s) first and last name(s). If you do not know your guest(s) names at time of purchase, we ask that you contact us no later than TWO WEEKS PRIOR to the event with names either by phone (415-661-1000) or email (woody@outsidelands.org).

Please return this form with your payment to:

Western Neighborhoods Project
4016 Geary Boulevard, Suite A
San Francisco, CA 94118

No physical tickets will be mailed.

All guest names will be held at the door.

Sponsorship questions may be directed to:

Woody LaBounty
Executive Director
415-661-1000
woody@outsidelands.org

GUEST FIRST AND LAST NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Sutro Level Big Alma Level Kelly's Cove Level

PAYMENT INFORMATION

Name _____

Company _____

Mailing Address _____

Phone _____ Email _____

Enclosed is my check payable to Western Neighborhoods Project in the amount of \$ _____

Please bill my credit card: Mastercard Visa American Express

Name on card _____

Account Number _____ + _____

Expiration Date _____ 3-Digit Security Code (on back of card) _____

Signature _____