

Battered Women's Resources, Inc.
Four Points by Sheraton, Leominster MA
10th Annual Fundraiser - April 21, 2007

Company/ Individual Name(s) (Please print)

Contact Person (if applicable) Title (if applicable) Telephone

Address City State Zip

SPONSOR

- | | | | |
|--------------------------|-------------------------------|-------------|--|
| <input type="checkbox"/> | 2007 Fundraiser Major Sponsor | \$3,000.00+ | |
| <input type="checkbox"/> | Benefactor | \$1000.00 + | <input type="checkbox"/> Yes, include add- details below |
| <input type="checkbox"/> | Contributor | \$ 500.00 | <input type="checkbox"/> Yes, include add- details below |
| <input type="checkbox"/> | Supporter | \$ 250.00 | <input type="checkbox"/> Yes, include add- details below |
| <input type="checkbox"/> | Patron | \$ 100.00 | |

Benefactors, Contributors and Supporters are eligible for a full-page program book add as part of their donation – complete the appropriate information below.

PROGRAM BOOK ADVERTISING

- | | | | |
|--------------------------|------------------------------------|----------|--|
| <input type="checkbox"/> | One Page (5.5in x 4.25in.) | \$150.00 | <input type="checkbox"/> Art work included |
| <input type="checkbox"/> | One-Half Page (2.75 in x 2 in.) | \$100.00 | <input type="checkbox"/> Art work included |
| <input type="checkbox"/> | One-Quarter Page (1.5 in. x 1 in.) | \$ 50.00 | <input type="checkbox"/> Art work included |

Advertising requests, accompanied by camera ready art if applicable, must be received by March 30, 2007.

Message for Advertisement (Please print clearly)

CONTRIBUTIONS TO SILENT AUCTION

Business and individuals are invited to contribute gifts and services for the silent auction held the evening of the event. Please call the offices of BWRI to arrange for the delivery or pick-up of an item, or complete the form below and we will contact you. The donor establishes the value of the gift or service.

Description of donated item or service: _____

PAYMENT \$ _____

- Check Master Card Visa American Express

Name of card holder: _____ Card # _____

Address of card holder: _____ Expiration Date: _____

A tax-deductible donation receipt will be mailed promptly when payment is received.

Battered Women's Resources, Inc.
Attention: Fundraiser Committee
P.O. Box 1209
Leominster, MA 01453
Phone: 978-537-2306 Fax: 978.537.3502