



WITH A GIVING HEART

National Philanthropy Day®

**ASSOCIATION OF FUNDRAISING PROFESSIONALS
SAN ANTONIO CHAPTER**

2019 National Philanthropy Day Awards Luncheon

February 14, 2019

The Witte

11:00AM – Registration

12:00PM – Lunch and Awards Ceremony

SPONSORSHIP FORM

If we would like to reserve:

- _____ **\$15,000 HUMANITARIAN SPONSOR**
Recognition on NPD invitation, program, slideshow, event and tabletop signage. Special introduction during program. Logo on AFP SA website for one year. Opportunity to place collateral on attendee seats. 2 tables of ten, VIP seating.
- _____ **\$10,000 BENEFACTOR SPONSOR**
Recognition on NPD invitation, program, slideshow, event and tabletop signage. Special introduction during program. Logo on AFP SA website for one year. One table of ten, VIP seating.
- _____ **\$5,000 PATRON SPONSOR**
Recognition on NPD invitation, program, slideshow, event and tabletop signage. Special introduction during program. Logo on AFP SA website for six months. Table of ten.
- _____ **\$2,500 GOOD SAMARITAN SPONSOR**
Recognition on NPD invitation, program, event and tabletop signage. Logo on AFP SA website for six months. Table of ten.
- _____ **\$2,500 JUDGES' TABLE SPONSOR**
Recognition on NPD invitation, program, event and tabletop signage. Logo on AFP SA website for six months. Table of ten.
- _____ **\$100 NON – AFP MEMBER TICKET**
One seat at a shared table.
- _____ **\$75 AFP MEMBER TICKET**
One seat at a shared table.
- GIFT AMOUNT**
I am unable to attend. Please accept my tax-deductible gift.
\$ _____

RESERVATIONS MAY ALSO BE MADE ONLINE AT WWW.AFPSANANTONIO.AFPNET.ORG

Name/Organization (please print exactly as it should appear in printed materials)

Contact Person	Title	Telephone	E-mail	
Address		City	State	Zip Code
Payment Options: <input type="checkbox"/> Check enclosed. Please make payable to AFP San Antonio.				
Credit Card Number: _____		Amex <input type="checkbox"/>	MC <input type="checkbox"/>	Visa <input type="checkbox"/>
Sec. Code _____	Exp. Date _____			
Name as it appears on credit card			Signature	

The lunch portion of your donation is \$30 per person attending, leaving the balance tax-deductible to the fullest extent of the law.

**Please return by January 21, 2019 to:
AFP San Antonio Chapter**

P.O. Box 15314, San Antonio, TX 78212

For questions, please contact Kathryn Conner: 210.260-6147 or kathryn.conner@christushealth.org