

Billing & Contact Information

Name: _____

Company: _____

Preferred name for published listings: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

☐ Check to remain "Anonymous" in all public Gala listings.

List your guests' names & contact info or names of those to be seated with:

Name	Address/Email/Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Vegetarian Meals: _____

PAYMENT INFORMATION:

☐ **PREFERRED (maximizes your donation):** I am enclosing a check payable to NCEFT.

☐ Please charge my: ☐ VISA ☐ Mastercard ☐ Discover ☐ American Express

Name on card: _____

Card number: _____

Exp date: _____ Security code (CVV): _____

Signature: _____ Billing zip code: _____

RETURN FORM & PAYMENT TO: NCEFT Gala
880 Runnymede Road, Woodside, CA 94062
(650) 851-2271 ext. 7 gala@nceft.org
www.nceft.org/2020gala

HEROES AND HORSES
JEWELS & JEANS GALA

I wish to be a Sponsor at the following level:

- | | | | |
|--|--|------------|------------------|
| ☐ Sapphire Sponsor | \$10,000 & above | 12 tickets | Amount: \$ _____ |
| | <i>Amount >\$1,200 tax-deductible</i> | | |
| ☐ Jewels Sponsor | \$ 5,000 & above | 10 tickets | Amount: \$ _____ |
| | <i>Amount >\$1,000 tax-deductible</i> | | |
| ☐ Jeans Sponsor | \$ 2,500 & above | 6 tickets | Amount: \$ _____ |
| | <i>Amount >\$600 tax-deductible</i> | | |
| ☐ Boots Sponsor | \$ 1,000 & above | 2 tickets | Amount: \$ _____ |
| | <i>Amount >\$200 tax-deductible</i> | | |
| ☐ Spurs Sponsor | \$ 500 & above | 1 ticket | Amount: \$ _____ |
| | <i>Amount >\$100 tax-deductible</i> | | |

I wish to be an Underwriter at the following level:

- | | | |
|--|--|------------------|
| ☐ Sapphire Underwriter | \$10,000 & above | Amount: \$ _____ |
| ☐ Jewels Underwriter | \$ 5,000 & above | Amount: \$ _____ |
| ☐ Jeans Underwriter | \$ 2,500 & above | Amount: \$ _____ |
| ☐ Boots Underwriter | \$ 1,000 & above | Amount: \$ _____ |
| ☐ Spurs Underwriter | \$ 500 & above | Amount: \$ _____ |
| | <i>All underwriter donations are 100% tax-deductible</i> | |

I wish to purchase additional tickets:

- | | |
|---|---|
| ☐ Extra Individual Gala Tickets | <i>Amount >\$100/ticket tax-deductible</i> |
| Quantity _____ @ \$225 each | Amount: \$ _____ |
| ☐ I will underwrite ticket(s) for an NCEFT Veteran or First Responder Client to attend the Gala free of charge. <i>Full amount 100% tax-deductible</i> | |
| Quantity _____ @ \$225 each | Amount: \$ _____ |

TOTAL SPONSORSHIP/UNDERWRITING Amount: \$ _____

NCEFT is a 501(c)(3) public benefit corporation
Tax ID# 94-2378104
To be acknowledged in the Gala Program,
please respond by September 1st.