

**Arlington Food Assistance Center**  
**2012 Annual Fund Benefit Reception and Silent Auction**  
**March 14, 2012**

The Arlington Food Assistance Center (AFAC) requests your support for our Annual Fund Campaign and our mission through Sponsorship of our 2012 Benefit Reception. Please select a sponsorship level.

To purchase a sponsorship, please fill out this form and return it to Don Coates, AFAC, 2708 S. Nelson St., Arlington, VA 22206 or fax it to 703-845-8491 to Don's attention.

**UNDERWRITER — \$10,000**

This exclusive sponsor will receive top billing at our gala. All print materials will have the following language and will be set apart from the remaining list of sponsors by color and size:

Arlington Food Assistance Center  
2012 Gala Celebration  
Generously Underwritten by [Name]

Additional benefits at this level include:

- Four tickets to join Ted Leonsis in the Owner's Box for a regular season, non-playoff Capitals or Wizards game, this season or next
- Ten tickets to the Gala event
- Signage at the event
- Special thanks and introduction by the program host
- Prominent listing on the event program, AFAC website, and all materials, signage and press releases

**BENEFACTORS — \$5,000**

- Eight tickets to the event
- Listing on the event program, AFAC website and signage at the event

**PATRONS — \$2,500**

- Six tickets to the event
- Listing on the event program, AFAC website and signage at the event

**SPONSORS — \$1,000**

- Four tickets to the event
- Listing on the event program, AFAC website and signage at the event

**SPECIAL FRIENDS — \$500**

This level is available to individuals only

- Two tickets to the event
- Listing on the event program, AFAC website and signage at the event

Complete the following to make your payment:

Name \_\_\_\_\_

How name should be listed \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment Method:

**Check** (enclosed); *please make checks payable to AFAC.*

**Credit Card** Type (circle one): Visa, MasterCard, or AMEX Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code (3 digits on back of card) \_\_\_\_\_

I authorize the above charge to my credit card. Signature \_\_\_\_\_

Questions? Contact Don Coates at 703-845-8486 or donald.coates@afac.org.