



Moving Families Forward Gala
Monday, October 28, 2024
Essex House, NYC

Reservation Form and Sponsorship Opportunities

_____ **YES! Please add my name to the Benefit Committee (please reply by August 23 to be listed on the printed invitation. Replies after August 23 will be listed online and at the event.)**

_____ **YES! I / We would like to support the Ackerman Institute for the Family by reserving the following at the Moving Families Forward Gala**

TABLES (*all tables seat 10 people*)

_____ **\$50,000 Family Benefactor Table**

Premier dinner seating for 10 and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials and program. Gold tribute ad to be played on the screens during the event.

_____ **\$25,000 Family Patron Table**

Preferred dinner seating for 10 and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials and program. Silver tribute ad to be played on the screens during the event.

_____ **\$15,000 Family Member Table**

Seating for 10 and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials. Bronze tribute ad to be played on the screens during the event.

TICKETS (*individual tickets*)

_____ **\$5,000 Family Champion Ticket**

Prime dinner seating for one and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials.

_____ **\$2,500 Family Supporter Ticket**

Preferred dinner seating for one and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials.

_____ **\$1,500 Family Friend Ticket**

Dinner seating for one and recognition on the Benefit Committee, Ackerman’s website, and in the Gala materials.

TRIBUTE ADS – to be shown on the screens at the event. Pay tribute to an honoree and support Ackerman Institute for the Family:

_____ **Gold Tribute Ad: \$5,000** _____ **Silver Tribute Ad: \$3,500**
_____ **Platinum Tribute Ad: 2,500** _____ **Tribute Ad: \$1,200**

DONATION

_____ **I am / We are unable to attend but wish to make a fully tax-deductible contribution of:**

\$ _____.

Contact and Payment

NAME _____
(as you would like it to appear in program listings)

NAME _____
(for gift receipts)

CONTACT PERSON _____
(if different than above)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

_____ **ENCLOSED IS A CHECK FOR \$**_____.

Please make checks payable to *Ackerman Institute for the Family* and mail to
936 Broadway 2nd Fl, New York, NY 10010
or provide your credit card information below:

_____ **PLEASE CHARGE MY CARD:** ___ American Express ___ Mastercard ___ Visa

Amount approved: \$_____

Credit Card Number _____ Expiration Date _____ Security (CVC) Code _____

Name on card: _____ Authorized Signature: _____

All but \$312 of each ticket is tax deductible. All other contributions are fully tax deductible as allowed by law.

For further information, please contact Elise Newman at elise@eliseneuanevents.com or 917-806-0160.

_____ Please remove me from Ackerman's mailings and solicitations.