

1000 Elmwood Ave Suite 300 Rochester, NY 14620-3098

alsigl.org

Please contact:

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## Achieving More Together

**CP** Rochester

Empowering People's Independence

Medical Motor Service

National Multiple Sclerosis Society Upstate New York

Rochester Hearing and Speech Center

**Rochester Rehabilitation** 

Starbridge



# **Just One Night**

## February 8th, 2024 Pane Vino on the Avenue

Join the Al Sigl Governors, Trustees & Council as we shake it up with an evening of fundraising and friendly competition. Celebrity guest bartenders will battle it out to see who can raise the most tips!

All proceeds stay local and benefit 55,000 children and adults with disabilities<sup>®</sup> and special needs and their families served by Al Sigl Member Agencies.

## Copper Sponsor—\$100

- Acknowledgement on Al Sigl website and social media
- Name listing on sponsor poster displayed at the event

#### Bronze Sponsor—\$250

- All Copper Level Benefits plus:
- Name listing in Al Sigl e-Newsletter

#### Silver Sponsor—\$500

- All Bronze Level Benefits plus:
- Signature drink naming opportunity

#### Gold Sponsor—\$1,000

- All Silver Level Benefits plus:
- Formal recognition at event during remarks

## Platinum Sponsor—\$1,500

- All Gold Level Benefits plus:
- Recognition as sponsor in event press release
- Opportunity to join as a Guest Bartender



Join the fun alsigl.org



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#### Just One Night 2024 Sponsorship Reservation

Yes, I want to help make a difference!

Contact:
Business Name (as you wish it to appear listed on signage):

Phone:	 	 	 
Email:			

#### Sponsorship Opportunities:

Address:

Copper Sponsor \$10	0
O Bronze Sponsor \$25	0
O Silver Sponsor \$50	0
O Gold Sponsor \$1,0	000
O Platinum Sponsor \$1,5	500

#### **Other Ways to Contribute**

Support the event with a contribution of: \$\_\_\_\_\_

 Donate an item for a future auction/raffle Please list item(s):

A check for \$\_\_\_\_\_ is enclosed (please make payable to Al Sigl)

Ο	I prefer to	be billed	at the	above	address
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Credit Card OVisa OMasterCard

ODiscover OAmerican Express

. . . . . . . . .

Card number:

Exp. Date: \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature:\_\_\_\_\_

Please note: Event structure is subject to change to adhere to current CDC guidelines.

For more information please contact: Laura Merkel at 585.442.4102 ext.8929 Imerkel@alsigl.org

A big, smiling Thank You!

Achieving More Together