

THE ACKERMAN INSTITUTE
FOR THE FAMILY

MOVING FAMILIES FORWARD GALA

THURSDAY,
SEPTEMBER 29, 2022

Enrollment Form

_____ YES! I / We would like to support the Ackerman Institute for the Family by reserving the following at the Moving Families Forward Gala on Thursday, September 29, 2022:

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.

_____ \$35,000* Family Sponsor Table

Prime dinner seating for 10 and recognition on the Benefit Committee, Ackerman's website, and in the Gala materials and program.

_____ \$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.

_____ \$15,000* Family Member Table

Seating for 10 and recognition on the Benefit Committee, Ackerman's website, and in the Gala materials.

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.

**\$375 represents the good faith estimate of the value of goods and services to be received per person.*

DONATION

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

contribution of: \$ _____.

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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*, 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: _____

To be recognized in the Gala invitation, please return this form no later than Monday, July 11.

To complete your Gala registration online, please visit www.ackerman.org/gala. For further information, please contact Rachel L. Coker, Chief Development and External Affairs Officer, at 332.345.3841 or giving@ackerman.org

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