



## Enrollment Form

YES! I would like to support the Ackerman Institute for the Family's Gender & Family Project by reserving the following at The Gender & Family Project Benefit on Thursday, June 8, 2023:

### SPONSORS:

\_\_\_ \$30,000\* Legend Sponsor

Premier Benefit Show seating for Twelve (12) and top-line recognition and logo placement on print and digital Benefit materials.

\_\_\_ \$15,000\* Icon Sponsor

Premier Benefit Show seating for Six (6) and recognition on print and digital Benefit materials.

\_\_\_ \$10,000\* Star Sponsor

Premier Benefit Show seating for Four (4) and recognition on print and digital Benefit materials.

### TICKETS:

\_\_\_ \$5,000\* Spotlight Tickets

Prime Benefit Show Seating for Four (4) and recognition on print and digital materials.

\_\_\_ \$750\* Sparkle Ticket

Preferred Benefit Show Seating for One (1).

\_\_\_ \$350\* Rainbow Ticket

Reserved Benefit Show Seating for One (1).

*\*\$260 represents the good faith estimate of the value of goods and services to be received per person.*

### DONATIONS:

\_\_\_ I am / We are unable to attend but wish to make a fully tax-deductible contribution of: \$ \_\_\_\_\_.

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*...over for contact and payment details*

ACKERMAN INSTITUTE FOR THE FAMILY PRESENTS  
**THE GENDER & FAMILY PROJECT** BENEFIT  
CELEBRATING ALLYSHIP, ADVOCACY AND AFFIRMATION  
THURSDAY, JUNE 8, 2023 • JOE'S PUB



## Contact and Payment

Please complete and return the form below or scan the QR code to complete your registration online at [www.ackerman.org/gfp-benefit](http://www.ackerman.org/gfp-benefit)

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: \_\_\_\_\_

Billing Address *(if different than above)* \_\_\_\_\_

For further information, please contact Rachel L. Coker, Chief Development and External Affairs Officer, at 332.236.8226 or [giving@ackerman.org](mailto:giving@ackerman.org)

Please remove me from Ackerman's mailings and solicitations.