



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 Monday, October 23, 2023:**

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.

**\$350 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: \$ _____.

...over for contact and payment details

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: _____

For further information, please contact Twana D'Andrade at 332.236.8226 or giving@ackerman.org.

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