



## RONALD McDONALD HOUSE GALA COMMITMENT FORM

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone (O): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
 Email: \_\_\_\_\_

*\*Please fill out above information completely*

### CASH SPONSORSHIP

_____ Title Sponsor	\$50,000
_____ Presenting Sponsor	\$35,000
_____ Patron Sponsor	\$10,000
_____ Benefactor Sponsor	\$5,000
_____ Table Sponsor	\$3,000
_____ Scoreboard Advertising	\$1,000
_____ General Advertising	\$500

### INDIVIDUAL TICKETS

*(non-reserved seating)*

_____ Benefactor Tickets	\$300 each
_____ Individual Tickets	\$250 each
_____ Donation only	\$ _____

### IN-KIND DONATION

In-kind donations of any type will be greatly appreciated. If you are not able to make it to the event, please consider helping with additional opportunities.

Please accept my in-kind donation valued in the amount of \$ \_\_\_\_\_

Description \_\_\_\_\_

### AUCTION ITEM DONATION:

Item Description & Value: \_\_\_\_\_

\_\_\_\_\_

### PAYMENT

\_\_\_\_\_ Total Amount

- Visa   
  MasterCard   
  American Express   
  Check Enclosed  
 Billing address same as above

CC # \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_

Different Billing address: \_\_\_\_\_

\_\_\_\_\_

Please make checks payable to Ronald McDonald House of Ann Arbor  
 c/o 5777 S. Ashford Way ♦ Ypsilanti, MI 48197  
 (734) 528-1455 Fax: (734) 527-6129  
 info@rmhgala.com