



AN INDEPENDENT NON-PROFIT CHARITY  
Benefiting ALS (Lou Gehrig's Disease) Research at the Cecil B. Day Laboratory  
for Neuromuscular Research at UMass Medical Center

649 Main Street, Wakefield, MA 01880  
781-245-7070  
[www.theangelfund.org](http://www.theangelfund.org)



*You are invited to The Angel Fund*

## **2017 ANNUAL GALA AND SILENT AUCTION**

**Saturday, August 5<sup>th</sup>, 2017**

Seaport Hotel, World Trade Center  
1 Seaport Blvd.  
Boston, MA

**\$125 per person**



Social Hour: 6:00 – 7:00 p.m.

Dinner: 7:00 p.m.

*Awards and Dancing to follow*

## CORPORATE SPONSORSHIPS



### GOLD SPONSOR / \$5,000

- \* Private tour of the Day Lab and dinner for ten people with Dr. Robert Brown, Jr. at the UMass Medical Center. (Date to be determined.)
- \* Ten tickets to the gala
- \* Prominent placement of company name in press releases
- \* Company logo on website
- \* Company logo in e-newsletter
- \* Company logo in the gala booklet
- \* Company logo on poster at the gala
- \* Verbal acknowledgment at the gala throughout the evening

### SILVER SPONSOR / \$2,500

- \* Five tickets to the gala
- \* Company name mentioned in press releases
- \* Company logo on website
- \* Company logo in e-newsletter
- \* Company logo in the gala booklet
- \* Company logo on poster at the gala
- \* Verbal acknowledgment at the gala throughout the evening

### BRONZE SPONSOR / \$1,000

- \* Two tickets to the gala
- \* Company logo on website
- \* Company logo in e-newsletter
- \* Company logo in the gala booklet
- \* Company logo on poster at the gala
- \* Verbal acknowledgment at the gala throughout the evening

## ANNUAL GALA AND SILENT AUCTION



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Yes, I will attend the Annual Gala - \$125 per ticket**

Number attending \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Corporate Sponsorship - Gold - Silver - Bronze**

Number attending \_\_\_\_\_ Amount \$ \_\_\_\_\_

**No, I cannot attend but would like to make a donation.**

Amount \$ \_\_\_\_\_

Please make check payable to The Angel Fund and mail to:  
The Angel Fund, 649 Main Street, Wakefield, MA 01880.

To pay by credit card check one:

Mastercard     VISA     American Express

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

You may also register and pay by credit card online at  
[www.theangelfund.org](http://www.theangelfund.org).

*Valet parking is available at an additional charge*