

# 2024 ANNUAL GALA



Saturday, October 5<sup>th</sup>

UMass Chan Medical School  
55 Lake Ave North  
Albert Sherman Building  
Worcester, MA

6:00 p.m.

*\$125 Per Person*

6pm - 7pm

UMass Chan Medical School  
Lab Tour

*Please register if you would like to  
join us for a tour of the new lab.*

Dinner ~ 7 p.m.

*Awards To Follow*



AN INDEPENDENT NON-PROFIT CHARITY  
Benefiting ALS (Lou Gehrig's Disease) Research at UMass Chan Medical School

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



# CORPORATE SPONSORSHIPS



## GOLD SPONSOR / \$5,000

- \* 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



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 \$ \_\_\_\_\_

**Yes, I would like to take a UMass Chan Medical School Lab Tour**

Number of attendees \_\_\_\_\_

**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 \_\_\_\_\_ Zip \_\_\_\_\_

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

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

