

SUPPORT OPPORTUNITIES

TITLE SPONSOR: \$25,000

Support provides 75,000 meals for the hunger insecure!

- ◆ One Table for 10 Guests
- ◆ Recognition in all event signage (digital & print)
- ◆ Recognition in paid and earned media

Customized major sponsorships available

Yes! I will be a Title Sponsor!

CHILDREN'S CHAMPIONS: \$15,000

Support provides one school food mobile for 100 families for 1 year!

- ◆ One Table for 10 Guests
- ◆ Recognition in all event signage (digital & print)
- ◆ Recognition in paid and earned media

Customized major sponsorships available

Yes! I will be a Children's Champion!

CHILDREN'S HERO: \$10,000

Support provides 5555 gallons of milk!

- ◆ One Table for 10 guests
- ◆ Recognition in all event signage (digital & print)

Yes! I will be a Children's Hero!

CHILDREN'S ADVOCATE: \$5,000

Support provides School Food Mobile visit for 88 families x 5 months!

- ◆ One Table for 10 guests
- ◆ Recognition in all event signage (digital & print)

Yes! I will be a Children's Advocate!

CHILDREN'S AMBASSADOR: \$2,500

Support provides 625 children Backpacks for the weekend!

- ◆ One Table for 10 guests
- ◆ Recognition in all event signage (digital & print)

Yes! I will be a Children's Ambassador!

QUESTIONS, MORE INFORMATION? PLEASE CONTACT:
Suzette Hohendorf at (313) 571-0241 or shohendorf@gcfb.org

DONOR/ PLEDGE FORM



Donor name(s): _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

**By signing below, I/we are committing to the following pledge to
Gleaners Community Food Bank, 2nd Annual M.I.L.K GALA.**

- TITLE SPONSOR \$25,000** **CHILDREN'S CHAMPION \$15,000** **CHILDREN'S HERO \$10,000**
 CHILDREN'S ADVOCATE \$5,000 **CHILDREN'S AMBASSADOR \$2,500**

PAYMENT INSTRUCTIONS

___ I am fulfilling the entire pledge at this time.

___ I will pay the entire pledge on or before (please send me an invoice two weeks prior).

___ I would like to be billed in installments of \$_____ (___ Weekly ___ Monthly ___ Beginning on _____)

___ Check enclosed (payable to Gleaners Community Food Bank)

___ Please charge my: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____ Expires ___/___ CVV Code: _____

___ Other method of payment _____

CONFIRMATION

Signature: _____ **Date:** _____

Gleaners Community Food Bank is a Michigan 501(c)3 Non-Profit Corporation, Federal Tax ID 38-2156255.

All donations all tax-deductible for the full amount less the value of any goods and/or services received.

For more information, please call (313) 923-3535

THANK YOU FOR YOUR SUPPORT!

