

SECOND ANNUAL FUNDRAISING DINNER OCTOBER 22, 2016

FUNDRAISING DINNER SPONSORSHIP

Please complete the following form indicating level of sponsorship.

PAYMENT INFORMATION	
Name:	
Company:	
Position:	
Phone:	E-mail:
Address:	
Signature:	
☐ Diamond	Cocktail Hour (please chose one)
☐ Gold	☐ Wine (Red & White)
□ Silver	☐ Champagne
	☐ Wine and Champagne
	rger Works, Inc. Also send a copy of your business logo. 5 business days after we receive your order and payment.
Mail completed form and payment to:	
Asperger Works, Inc.	
60 Ballard Road	
Lawrence, MA 01843	