NINETEENTH ANNUAL

CAPTAINS OF INDUSTRY GALA

Tabor Member Package Benefits	Captain of Industry \$2,500	Developer of Industry \$1,000	Patron of Industry \$500
Table at event	One Table for 10	Four Seats	Two Seats
Company Logo on website	X	Х	Х
"Thank you" in PSBJ ad	X	Х	
Company name in event materials and event program Tabor 100 newsletter	X		

2018 Partnership Packages

Thank you for becoming a partner of the 19th Annual Captains of Industry Gala. There are many levels to participate and we appreciate which ever you choose. Your gifts will support the Bradford Scholarship Endowment and/or Tabor 100 Operations.

I am interested in supporting Tabor 100 at the following level:

CAPTAIN OF INDUST	RY DEVELOPER OF IND	USTRY PATRON OF INDUSTRY
\$2,500	\$1,000	\$500
Company Name: Contact Name and Title: Address:		
Phone Number:		Email:
Please utilize my do	onation for the following purpose	Scholarships Only Operations Only Both Scholarships and Operations

All registrations, payments, and table guest lists are due to Tabor 100 by 8/25/18.

Please invoice me at the above address.

Check enclosed.

Registration and payment to be completed online via bankcard.

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ATTENDEE LIST

Please complete the list of attendees for your table

Table Name: **Complete Address** First and Last Name Phone Number **Credit Card information** *Meal (if participating in Selection auction) (TBD) 1 2 3 4 5

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	First and Last Name	Complete Address	Phone Number	Credit Card information (if participating in auction)	*Meal Selection (TBD)
6					
7					
8					
9					
10					

NINETEENTH ANNUAL CAPTAINS OF INDUSTRY GALA

2018 Unity Gala Silent & Live Auction Donation

Donated Item or Services Description:

Please describe the donation in detail (e.g. quantity, brand name, product/service features, unique qualities, for man or woman, size, color, etc. If a service certificate please note: service location, expiration dates, number of people included, etc.)

Donor's Information:

Name:			
Address			
City	State	ZIP	
Phone (home):	(work):		
FAX:	email:		
Contact Name (if Differ	ent than Above):		
Company		Title	
Phone (home): (work):			
Donor's Estimated Valu	Je: \$ Special Cor	nditions or restrictions that may apply:	
		Date:	
Item/Certificate will be	e delivered to:		
Ву:	Pho	one No	
Tabor Solicitor:	Ph	none No	
Please email this donat	tion form to: gala@tabor1	100.org or Fax to: 425-882-4800 ext. 107	
	Thank you for	r your Support!	