Presents

"A Night in Vegas" 15th Anniversary Fundraising Gala
Celebrating 15 Years of Ending Hunger Through Food Recovery

Friday, October 23, 2026
7pm - 11pm
Bethesda Country Club 7601 Bradley Blvd, Bethesda, MD 20817

SPONSORSHIP PACKAGES

❒ I would like to participate as the Title Sponsor of this Event: $25,000

16 Tickets to the Gala & 2 Reserved Tables	Name & Logo signage on single Craps Table
Included in Gala Title and all Signage	Name & Logo signage on all **Gaming** tables
2 Full-page Ad in Event Program	Included in all Gala related Marketing & Social Media
Premier Placement of logo on Step & Repeat	Invitation to distribute Promotional Information/Swag Bags for guests

❒ I would like to participate as a Platinum Sponsor of this Event: $10,000

10 Tickets to the Gala	Name and Logo on single Roulette **Gaming** Table
Full-page Ad in Event Program	Name & Logo featured on Gaming Table
Placement of logo on Step & Repeat	Included in 2 Gala Posts
Placement of Logo on NourishNow.org	Premier placement of Logo on Gala Banner

Please submit payment with this Sponsorship Form to:
Nourish Now, Inc.
397 East Gude Drive, Rockville, MD 20850

Tax ID: 45-2404503
301-330-0222
info@nourishnow.org

❒ I would like to participate as a Gold Sponsor of this Event: $5,000

8 Tickets to the Gala	Half-page Ad in Event Program
Placement of Logo on NourishNow.org Gala Page	Name & Logo featured on Gaming Table
Logo on Gala Banner	

❒ I would like to participate as a Silver Sponsor of this Event: $1,000

2 Tickets to the Gala	Logo on Gala Banner
Placement of Logo on NourishNow.org Gala Page	

❒ I would like to purchase _____ Tickets ($175 per ticket)

❒ I am currently unable to sponsor, but enclosed is a tax-deductible contribution of $_____

PAYMENT INFORMATION

My Check for this amount $ _____, payable to Nourish Now, is enclosed.

Please Charge this amount $ _____ to my Credit Card.

MasterCard VISA American Express

Name on Account: _____

Address of Cardholder: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Expiration: _____

Signature: _____ Security Code: _____

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SPONSOR CONTACT INFORMATION

❒ Name _____

❒ Corporation _____ Title _____

✓ Please check the box to indicate the SPONSOR TYPE. Then print the name of the INDIVIDUAL OR CORPORATION exactly as you would like it to appear on all event publications and signage.

Address _____

City _____ State _____ Zip_____

Phone (___) _____ Email _____

Website _____

Twitter @ _____

Facebook @ _____

Instagram @ _____

Note: Contributions are tax-deductible. Amounts to be determined.

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