

Beth Dillinger foundation

Every child deserves the hope of a better future.

STEP ONE
ENTER INFO

STEP TWO
CONFIRMATION

STEP THREE
RECEIPT

Thank you for choosing to support the Beth Dillinger Foundation. We appreciate your commitment to our cause and look forward to seeing you at the Tenth Annual "Value Me" Luncheon & Fashion Show on Wednesday, May 10, 2017 at the Hilton Hotel Carillon in St. Petersburg, FL. Your generosity will enable us to continue to bring awareness to our cause and make a difference in the lives of those we sustain through our efforts.

Please select your level of attendance below or choose one of our levels of Sponsorship for greater impact on the lives of youth in our community while bringing recognition to your organization. Thank you in advance for your generosity.

TICKETS:

Qty	Description	Amount	Total
	Individual Seating(s)	\$75.00	---
	Price is Per Person (Please list additional guest's names below)		
	I cannot attend but would like to donate:		---

SPONSORSHIP:

Beth's Angel **\$1,000.00**

- Premium seating for table of ten.
- Recognition on event website and social networking campaigns.
- Complimentary wine after the event.
- Beth's Angel centerpiece.

Gold Sponsor **\$2,500.00**

- Includes all the benefits of a Beth's Angel.
- \$1,000 applied to our Nourish to Flourish program which feeds chronically hungry children on the weekends.
- Recognition on advertising initiatives and invitations*.
- Acknowledgment in program and event recognition.
- Keepsake engraved centerpiece.

Platinum Sponsor **\$5,000.00**

- Includes all the benefits of a Beth's Angel plus premium luncheon seating
- Sponsorship of a two-year Pinellas Education Foundation Take Stock in Children scholarship for college or vocational training for youth in need.
- Recognition logo on advertising initiatives, invitations and media coverage. Special recognition at the luncheon.
- Large keepsake engraved centerpiece

None

Total: \$0.00

NAMES OF THOSE ATTENDING:

(All Sponsor levels receive premium seating for a table of ten. Please complete list with both first and last name to ensure entry.)

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

DONOR INFORMATION:

First Name: *

Last Name: *

Company Name:

Billing Address: *

This is the address where your credit card statements are mailed.

Address 2:

City: *

State: *

Zip Code: *

Country: * United States of America

Telephone:

E-mail: *

A receipt will be e-mailed to this address.

[Click here to receive news and updates about Beth Dillinger Foundation and the "Value Me" Luncheon & Fashion Show.](#)

How did you hear about us? -- please select --

If you have any questions or comments, or would like to make a special request to be seated to a particular someone, please enter the information here:

Comments or Questions:



YOUR PAYMENT INFORMATION:

Name on Card: *

Card Type: *



Card Number: *

Card Security Code: *

[what is this?](#)

Expiration Date (Mo/Yr): *

Mo

Year

* denotes required field

