



17TH ANNUAL CASINO NIGHT FUNDRAISER!!

Friday, April 26, 2024

New Location: The Forum

109 N. Black Horse Pike, Blackwood

Event Sponsorships benefits our Annual Child Sponsorship Fund and our Technology Fund

Name of Sponsor/Business: _____
 Contact Person: _____
 Phone/Email: _____
 Address: _____
 Sponsorship Choice: _____ Source of Payment: _____
 Names of Guests: _____

Payment for all Sponsorships can be paid via PayPal from our website: pilnj.org or mailed in to:
 Partners in Learning, Inc., 1880 Glassboro Road, Williamstown, NJ 08094

\$5000 Diamond EVENT Sponsor

- *Includes 6 complimentary VIP admissions to the event
- *\$500 in "Fun Money" per guest * Your business name appears on all 2024 camp T-shirts
- *Your business or personal ad will be displayed prominently in all media at the event and posted on our website from May 2024 -April 2025!
- *Includes year-long sponsorship/recognition at all our fundraising events

\$2500 Denim Level Sponsor

- *Includes 4 complimentary VIP admissions to the event
- *\$500 in "Fun Money" per guest * Name/logo displayed at event
- *Your business or personal ad posted on our website from May 2024-April 2025!

\$1000 Silver Level Sponsor

- *Includes 2 complimentary VIP admissions to the event
- *\$200 in "Fun Money" per guest * Name/logo displayed at event
- *Your business or personal ad posted on our website for the month of May 2024

\$500 Blue Level Sponsor

- *Includes 1 complimentary VIP admission to the event
- *\$200 in "Fun Money" per guest * Name/logo displayed at event

VIP tickets include exclusive early admission from 6-7 pm with 1-hour open bar/special gaming for VIPs ONLY!

* All Casino Night Event Sponsorships must be received by April 15th for name/logo to appear at event.
 Email form & logo or ad in .jpeg format to casinonightpil@gmail.com * For information, call 856-374-2821

OR

Partner with PIL with a gift to the Annual Child Sponsorship Fund

I would like to make a ONE TIME Gift of: _____ \$500 * _____ \$1000 * \$_____ Other

I would like to give a RECURRING MONTHLY DONATION in the amount of \$_____

Please bill my credit card: _____ MC * _____ Visa * _____ Discover

Name on Card: _____ Card #: _____

Address: _____ Expiration Date: _____ CCV Code: _____

*** Please Note: Individual Item donations for our prize basket auction are much appreciated.
 Please contact Lori or Kelley @ 856-374-2821 to coordinate pick-up or delivery of donations.**