

PLEASE SELECT YOUR DESIRED LEVEL OF SPONSORSHIP OR PARTICIPATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Contact Name : _____

PLEASE CHECK:

____ We would like to be a **Corporate Sponsor** at the _____ level. Enclosed is our check for \$ _____

____ We would like to help in the following manner: _____ Donate an Item or Cash (please specify) _____
____ Sponsor wine fountain, dinner or dessert _____
____ Sponsor a door prize (specify amount) _____

____ We'd like to **place an ad** in your program book at the \$ _____ level. (Ad copy attached or will be e-mailed)

____ We'd like to help by: _____

SEND TO:

The Neighborhood Center, Inc.
Attn: Candice Sturtevant, Administrative Manager
293 Genesee Street, Utica, New York 13501
E-Mail: CandiceS@neighborhoodctr.org

Checks payable to the Marie A. Russo Neighborhood Center Institute or MARNCI

www.neighborhoodctr.org

TICKET REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

E-Mail: _____ Number of Guests: _____

METHOD OF PAYMENT: (Tickets are \$30.00 per person-After 11/1/11 \$35.00)

____ Check # _____ in the amount of \$ _____

____ Credit Card # _____ Exp Date: _____ Sec Code: _____

Name on Card: _____

____ I'd like to learn more about sponsorship and/or donation opportunities-phone/e-mail: _____

____ I am unable to participate, however, I would like to make a contribution of \$ _____ (options above)

Checks payable to the Marie A. Russo Neighborhood Center Institute or MARNCI

Please Send To:
The Neighborhood Center
293 Genesee Street
Utica, New York 13501