

Saturday in the Park

"WHERE EVERY DAY IS THE 4TH OF JULY"

AUGUST 8 2015, 11 AM-3 PM

THOMAS BULL MEMORIAL PARK, 211 ROUTE 416, MONTGOMERY, NY

Summer fare will sizzle on the grill in a celebration of independence and the strength of the human spirit. By partnering with Access: Supports for Living in support of this event, you will help bring smiles to the faces of, and provide great memories for, hundreds of children and families with special needs.



Food~Games~Activities~Raffles~Entertainment

Please partner with Access: Supports for Living to support this annual event.

SPONSORSHIP OPPORTUNITIES

GOLD SPONSORS & ABOVE receive recognition in press release and Access: Supports for Living Inc., website, name/logo in all print including banner and program, and event tickets)

Event Sponsor—\$5,000

Name Recognition as Premier Event Sponsor

-35 guests to attend event

Platinum Sponsor \$2,500 (3 options; circle one)

Food & Beverage Sponsor/Signage Sponsor/Entertainment Sponsor

-20 guests to attend event

Gold Sponsor—\$1,000

-Name/logo in all print including banner and program

-12 guests to attend event


Silver Sponsor—\$500

-Name on sponsor banner & program, 8 guests to attend

Bronze Sponsor—\$250

-Name on sponsor banner & program, 6 guests to attend

Picnic Table Sponsor—\$100

 -Signage with your name at Picnic Table, name in program, 4 guests to attend

Family Sponsor—\$50

-Name listed in program, 2 guests to attend event

General Donation

\$5 / \$10 / \$25 / \$ _____

DONATE ON LINE

ACCESSSUPPORTS.ORG

"Our family looks forward to the picnic every year!"

Julia and George Colangelo

For more information on sponsorships and how you can help, call (845) 692-4454, ext. 7127.

To register/donate to this event, please complete below and return to Saturday in the Park Event, c/o Access: Supports for Living Foundation Inc., 15 Fortune Road West, Middletown, NY 10940. Checks should be made payable to Access: Supports for Living Foundation, Inc.

Name: _____ Company (if app.) _____

Address: _____

City _____ State _____ Phone: (____) _____

EMAIL ADDRESS: _____

(*please complete email and phone in case we need to contact you with updates regarding this event.)

Enclosed is my check for \$ _____ (payable to Access: Supports for Living Foundation, Inc.)

Charge my Visa MasterCard American Express

Card # _____ Exp. Date _____ Code _____

Card Holder Signature _____ Date _____