One ELLE of a Night – Designer Purse Bingo

"Creating Memories for ELLE's Kids"

Thursday, September 30, 2021, Bridgewater JCC

Please Print & Include a Copy with Your Donation (Keep a copy for your records)

______________ ____________________________ ____________________________________

Title **First Name** **Last Name**

____

Business Name

____

Street Address

____ __________ __________________

City **State** **Zip Code**

__________________________ ____

Phone # **E-Mail Address (necessary for confirmation)**

CONTACT NAME: ________________________ **Business Website:** ____________________________

Exclusive Sponsorship - **Please place an X in the box after Sponsorship desired**

Heart of the Foundation Sponsor ------------------------ **$10,000.00 +** _____

Mission Sponsor -------------------------------------- **$5000.00 - $9999.00** _____

ELLE's Vision Sponsor --------------------------------- **$3000.00 - $4999.00** _____

Moment of Joy Sponsor -------------------------------- **$1000.00 - $2999.00** _____

Dream Maker Sponsor --------------------------------- **$500.00 - $999.00** _____

Hand in Hand Sponsor --------------------------------- **$250.00 - $499.00** _____

ELLE Ambassador Sponsor ----------------------------- **$100.00 - $249.00** _____

Gift-In-Kind Donation and Tax Receipt

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Donor's Estimated Retail/Fair Market Value of Donation (required for processing) *

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Description of Donation (please be specific)

____

Donor Signature **Date**

Sponsors: Mail this form along with your donation check made payable to:
ELLE Foundation Inc.,
8 Stella Drive, Bridgewater, NJ 08807
Questions/arrange for donation pick-up email Laurie at larichmond@ellefoundation.org
Phone: 908-528-2495
Donation Due: September 9th

*VALUE LISTED HAS BEEN DETERMINED BY THE DONOR, NOT THE ELLE FOUNDATION, INC. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. No goods or services were received in return for this donation. Please consult with your tax advisor to determine the tax implications of your donation.

Office Use: Check#: __________________ Check Date: __________________ Amount: $________________ Reg #_____________