



APRIL BENEFIT
Wednesday, April 11, 2012
5:30 – 8:00 p.m.
The Sofitel, Philadelphia
120 South 17th Street

SPONSOR CONFIRMATION FORM

All proceeds from **HAP’s April Benefit** go to support the Homeless Advocacy Project (HAP).
HAP is a 501(c)(3) non-profit organization that provides free legal services to homeless individuals and families in Philadelphia.

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- _____ **Presenter - \$10,000 (30 tickets)**
- _____ **Ambassador - \$5,000 (25 tickets)**
- _____ **Diplomat - \$3,500 (20 tickets)**
- _____ **Partner - \$2,000 – 2,500 (15 tickets)**
- _____ **Benefactor - \$1,500 (10 tickets)**
- _____ **Patron - \$1,000 (5 tickets)**
- _____ **Friend - \$500 (3 tickets)**

_____ **Individual tickets may be purchased for \$100.00.**
Enclosed is a check for \$ _____ for _____ tickets to the Benefit.

_____ **I cannot attend the Benefit, but please accept my tax-deductible contribution:**

- \$50
- \$75
- \$100
- Other \$_____

Sponsor Contact Information (please print)

Contact Name:
Telephone:
Name of Sponsoring Firm/Company:
Address:
City, State, Zip:
Contact Email:

PLEASE MAKE CHECKS PAYABLE TO:
Homeless Advocacy Project, c/o Andee Bloch, 42 South 15th Street, 4th Floor, Philadelphia, PA 19102
PHONE: (215) 523 9595 FAX: (215) 981-3866

Tickets will be forwarded to the Sponsor Contact prior to the event.