AUDITORIUM SEAT
NAMING PROGRAM

ERNIE ELS

#### NAMING OPPORTUNITY

Become part of our future by naming an auditorium seat in The Els Center of Excellence. For a donation of \$1,000 or \$5,000, you can put a recognition plaque on one of the seats in the Auditorium.

Whether you are making a gift as a birthday present, in memory or in honor of someone special, or simply to show your support, your donation will help create a lasting landmark at The Els Center of Excellence. Seats are limited so make your gift today!

VIP Gold Section:

\$5,000 per seat

**Blue Section:** 

**\$1,000** per seat

(Rows A - B, Seats 1 - 47)

(Rows C - M, Seats 41 - 305)

## THE AUDITORIUM

The Auditorium is a critical element of the new Els Center of Excellence. The state-of-the-art Auditorium is not only used for school related performances and events but is at the heart of the Center's global outreach programs. The Auditorium provides a hub for ASD professionals to disseminate and gather applied research findings, share best practices and connect to the global autism community via lectures and video-conference.

## **CONTACT US**

Please contact us if you have questions about the Seat Naming Program or are interested in other donation opportunities. E: info@ElsForAutism.org T: 561 598 6200 W: www.ElsForAutism.com

### THE ELS CENTER OF EXCELLENCE **Auditorium Seat Naming Program**

#### **ORDER FORM**

# Please Take A Seat..

Oonor Information			IIE ELS
our Name:		EL	S FOR AUTISM
ddress:			
ity/State/ZIP			
hone:	Cell:		
mail:			
Seat Recognition Option			
I I would like to name seat(s) (No. of seats) in the for a donation of \$5,000 / seat. Total Donation: \$		A-B, Seats 1-40)	
I I would like to name seat(s) (No. of seats) in the for a donation of \$1,000 / seat. Total Donation: \$		-M, Seats 41-305)	
I I would like to select a specific seat number, if possible. P	ease contact me to m	nake arrangements.	
Please engrave the following message on my			
here is a limit of 28 characters per line, which includes pun here is a limit of 2 lines on each name-plate. One character			
xamples: Ben Els, The Els Family, In Celebration/Honor of Ben Els,	Donated by The Els Fan	nily	
eat 1			
eat 2			
6412			
Select Payment Option			
Enclosed is my check, payable to Els for Autism Foundati	on (Please indicate Aud	itorium Seat Naming Program in chec	k memo lin
Please charge my credit card (circle one) Visa   Masterca			
ame on credit card:			
redit Card #:	Evn	Security Code:	

☐ I prefer to be contacted for my credit card information. I have signed the line above.

Please email completed order form to Els for Autism, 18370 Limestone Creek Road, Jupiter, Florida 33458 Or (if paying be credit card) you can email form to: info@ElsForAutism.org

Questions? E: info@ElsForAutism.org T: 561 598 6200 W: www.ElsForAutism.org

#### **THANK YOU FOR YOUR GIFT!**