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.

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)

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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

Els for Autism, 18370 Limestone Creek Road, Jupiter, Florida 33458
THE ELS CENTER OF EXCELLENCE
Auditorium Seat Naming Program

ORDER FORM

Please Take A Seat..

Donor Information

Your Name: _________________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________________

City/State/ZIP ______________________________________________________________________________________________________

Phone: ______________________________________________________ Cell: __________________________________________________

Email: ______________________________________________________________________________________________________________

Seat Recognition Option

☐ I would like to name _________ seat(s) (No. of seats) in the Gold section (Rows A-B, Seats 1-40) for a donation of $5,000 / seat. Total Donation: $_____________

☐ I would like to name _________ seat(s) (No. of seats) in the Blue section (Rows C-M, Seats 41-305) for a donation of $1,000 / seat. Total Donation: $_____________

☐ I would like to select a specific seat number, if possible. Please contact me to make arrangements.

Please engrave the following message on my plaque

There is a limit of 28 characters per line, which includes punctuation marks and blank spaces. There is a limit of 2 lines on each name-plate. One character per box. Please print clearly.

Examples: Ben Els, The Els Family, In Celebration/Honor of Ben Els, Donated by The Els Family

Seat 1

__________________________________________________________________________

__________________________________________________________________________

Seat 2

__________________________________________________________________________

__________________________________________________________________________

Select Payment Option

☐ Enclosed is my check, payable to Els for Autism Foundation (Please indicate Auditorium Seat Naming Program in check memo line)

☐ Please charge my credit card (circle one)  Visa |  Mastercard  | Discover  | American Express

Name on credit card: _______________________________________________________________________________________________

Credit Card #: ____________________________________________________ Exp: _____________ Security Code: _________________

If the billing address on your credit card is different from the one given above, please provide the billing address below:

____________________________________________________________________________________________________________________________________________________

Signature ___________________________________________________________________________________________________________

☐ 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!

Els for Autism is a US public charity (EIN #26-3520396), recognized by the IRS as exempt from Federal tax under Section 501(c)(3) of the tax code. Donors should consult their tax advisor to determine whether they are eligible to claim a deduction associated with their donation. Auditorium design and seat locations subject to change. Plaque messages subject to approval by Els for Autism. Participation in the Auditorium Seat Naming Program does not grant admission to events or ownership rights nor does it guarantee a donor being seated in a chair bearing their name. Seat naming is subject to availability and on a first-come, first-served basis. Commemorative plaques will be maintained by the Foundation for a period not less than 5 years.