

The Karen Organization of Minnesota's 2022 Annual Gala



Karen Organization of Minnesota
 မိနီနိုဝါးအဖွဲ့အစည်း
 ဖွဲ့စည်းပေးခဲ့ပြီးနောက် ဘာသာရေးအဖွဲ့အစည်း
 ဖြစ်ပေါ်လာခဲ့ပါသည်။

Thursday, November 3 | 5:30 p.m. – 9:00 p.m. | Oakdale, Minnesota

SPONSOR REGISTRATION FORM

Please complete all fields so we may accurately acknowledge your contribution. Return this form or register online by **Monday, October 17** to ensure full recognition of your sponsorship. Mail your completed registration form and check to:

Attn: Alexis Walstad, Karen Organization of Minnesota, 2353 Rice St., Suite 240, Roseville, MN 55113

Sponsor Information	
Sponsor Name:	
Mailing Address:	
City:	State: ZIP:
Contact Person Name:	
Phone Number:	Email Address:
Sponsorship Information	
Sponsorship Level <i>(Please check one):</i> <input type="checkbox"/> Htoo Wah (Platinum) Sponsor - \$5,000 <input type="checkbox"/> Htoo (Gold) Sponsor - \$2,500 <input type="checkbox"/> Say (Silver) Sponsor - \$1,750 <input type="checkbox"/> Toe Baw (Bronze) Sponsor - \$1,000 <input type="checkbox"/> Table Sponsor - \$800 <input type="checkbox"/> Individual Tickets – \$100/person Quantity = _____ x \$100 = \$ _____	Payment Method <i>(Please check one):</i> <input type="checkbox"/> Check enclosed <i>(Please make checks payable to Karen Organization of Minnesota with 2022 Gala Sponsorship in the memo line.)</i> <input type="checkbox"/> Credit card <i>(Make a secure payment via PayPal at https://www.mnkaren.org/event/kom-gala-2022/)</i>
Organization Contribution	
Our organization is unable to attend the event, but please accept our tax-deductible contribution of:	\$
Sponsor Promotion	
Sponsor Name (as you would like it to appear in event materials):	
Sponsor Website (as you would like it to be linked in digital marketing materials):	
Sponsor Facebook Page URL:	Sponsor Instagram Page URL:
Platinum, Gold, and Silver Sponsors: Please submit high-resolution logo image to events@mnkaren.org for inclusion in print and digital materials. (preferred formats: JPEG, PNG, TIF)	

Please complete table & guest information on the reverse side of this form.

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 မိနီဆိုးထောဝကရ်သီထေးဗျိုထောဝထေးဗျိုထေးဗျို
 ဖွဲ့တင်လှမ်းမေ့လျော့မိနီဆိုးထေး ထောဝကရ်သီထေးဗျိုထေးဗျို
 ဗျိုထောဝကရ်သီထေးဗျိုထေးဗျို

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Sponsor Information			
Sponsor Name (as you would like it to appear on your table and in the program):			
Event Contact Person Name (if different from primary sponsor contact person):			
Phone Number:		Email Address:	
Sponsorship Level <i>(Please check one)</i>			
<input type="checkbox"/> Htoo Wah (Platinum) Sponsor (16 seats)		<input type="checkbox"/> Toe Baw (Bronze) Sponsor (8 seats)	
<input type="checkbox"/> Htoo (Gold) Sponsor (16 seats)		<input type="checkbox"/> Table Sponsor (8 tickets)	
<input type="checkbox"/> Say (Silver) Sponsor (8 seats)		<input type="checkbox"/> Individual Tickets – Quantity = ____	
Table Information			
#	Guest Name	Guest Email Address <small>(emails used for event confirmation and updates)</small>	Dietary Needs <small>(V) Vegan (GF) Gluten-Free</small>
1			
2			
3			
4			
5			
6			
7			
8			
Table 2: Platinum & Gold Sponsors Only			
9			
10			
11			
12			
13			
14			
15			
16			
Please gift ____ (quantity) of my table's seats to KOM staff or community members. Select this option if you do not plan to fill all seats at your table. We will invite a staff member or community member to be seated with you.			Qty:
Additional comments/accommodation needs:			

Mail your completed registration form and check by Monday, October 17, to: **Attn: Alexis Walstad, Karen Organization of Minnesota, 2353 Rice St., Suite 240, Roseville, MN 55113.** Thank you very much for your support!