



AHEPA

2024 CONGRESSIONAL BANQUET

Sponsorship Form

SIGN ME UP!

\$2500 NATIONAL BENEFACTOR

- › TABLE OF 10
- › COMPLIMENTARY VIRTUAL AD

\$1000 DISTRICT BENEFACTOR

- › 4 TICKETS TO BANQUET
- › COMPLIMENTARY VIRTUAL AD

\$500 CHAPTER BENEFACTOR

- › 1 TICKET TO BANQUET
- › COMPLIMENTARY VIRTUAL AD

\$250 INDIVIDUAL BENEFACTOR

- › 1 TICKET TO BANQUET

NAME

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

CHARGE ME:

NAME ON CARD

CARD NUMBER

EXPIRATION

CVV

BILLING ZIP

Please return forms to admin@ahempa.org or mail to:
AHEPA, 1909 Q Street NW, Suite 500, Washington, DC 20009
Make Checks out to AHEPA

I PREFER TO REMAIN ANONYMOUS

CONTACT ME ABOUT JOINING AHEPA

NO GOODS OR SERVICES ARE REQUESTED FOR THIS DONATION