



**Pathfinders for Autism presents**  
**20<sup>th</sup> Anniversary Un- Gala Virtual Celebration**  
**Saturday, November 14, 2020**  
**7 p.m.-9 p.m.**

Join Pathfinders for Autism as we celebrate 20 years of service for the autism community throughout Maryland. We will pay homage to the individuals and businesses that have helped to shape our organization and honor the community leaders that have helped us become the leading autism organization in the state of Maryland today.

Enjoy "seeing" your friends virtually, be inspired by the stories shared and show your support for an organization that helps find a path for so many families throughout their journey.

**Event Chair**

**Helen Shafer**

President, The Shafer Center

**Committee**

**BJ Surhoff**

**Polly Surhoff**

**Alisa Rock**

**Rob Long**

**Carin Lazarus**

**Becky Galli**

**Alicia Wopat**

**Rebecca Rienzi**

**Katie Ramirez**



# Sponsorship Levels

SPONSORSHIP BENEFITS	DIAMOND \$20,000	PLATINUM \$15,000	GOLD \$10,000	SILVER \$5,000	BRONZE \$2500	FRIENDS \$500
Tax Deductible Amount	\$19,000	\$19,000	\$9,500	\$4,750	\$2400	\$450
PROMINENT BANNER AT EVENT	✓	✓				
PRIMARY RECOGNITION AND LOGO ON INVITATION FOR THE EVENT	✓	✓				
LOGO RECOGNITION IN EVENT PRESS RELEASE CAMPAIGN	✓	✓	✓			
30 SECOND PSA VIDEO PRODUCTION	✓	✓	✓	✓		
AD IN PROGRAM BOOKLET	✓	✓	✓	✓	✓	
NAME RECOGNITION ON SCROLLING SCREEN DURING EVENT	✓	✓	✓	✓	✓	
RECOGNITION IN PFA NEWSLETTER	✓	✓	✓	✓	✓	
RECOGNITION AS A SPONSOR ON PFAMD.ORG WEBSITE (OVER A QUARTER-MILLION VISITORS EACH YEAR)	✓	✓	✓	✓	✓	
RECOGNITION AS A SPONSOR ON PFA SOCIAL MEDIA PAGES (OVER 17,000 COMBINED FOLLOWERS)	✓	✓	✓	✓	✓	✓
PREMIUM GIFT BASKET DELIVERED TO HOME	✓ (x2)	✓ (x2)	✓ (x2)	✓	✓	✓

Pathfinders for Autism is a 501(c)3 nonprofit organization. Audited financial statements are available by request. Documents and information filed under the Maryland Charitable Solicitations Act are available for the cost of copying and postage by contacting the Secretary of State, State House, Annapolis, MD 21401. Tax ID #52-2226573.

## Proceeds benefit

Pathfinders for Autism was established in 2000 by parents of children with autism. Since then, we have grown into Maryland's largest autism organization, directly serving over 17,500 people last year alone. Pathfinders for Autism works to **support and improve the lives of individuals affected by autism** through expansive, individualized programming, and by providing resources, training, information and activities free of charge. Thank you for investing in Maryland's autism community. Together, we can make a difference!

[WWW.PATHFINDERSFORAUTISM.ORG](http://WWW.PATHFINDERSFORAUTISM.ORG)



**5 WAYS TO GIVE**

**\$10**

1 SAFETY KIT FOR FAMILIES

**\$100**

ALLOWS A FAMILY OF FOUR TO ATTEND A FREE FAMILY FUN EVENT

**\$250**

PROVIDES SCHOLARSHIPS FOR 5 STUDENTS AT SWIM SAFETY CLASS

**\$500**

SUPPORTS A FIRST RESPONDER TRAINING CLASS

**\$1000**

SUPPORTS THE RESOURCE CENTER FOR 1 WEEK

**OUR PROGRAMS:** Pathfinders for Autism works to support and improve the lives of individuals affected by autism through expansive, individualized programming, and by providing resources, training, information and activities free of charge.



FREE FUN EVENTS



RESOURCE CENTER



TRAININGS

# Sponsorship Levels

## MAIL PAYMENT TO:

- Diamond \$20,000
- Platinum \$15,000
- Gold \$10,000

- Silver \$5,000
- Bronze \$2500
- Friends \$500

**Pathfinders for Autism**  
235 Schilling Cir, Suite 103  
Hunt Valley, MD 21031

I would prefer to do a Fund the Mission gift, enclosed is my tax-deductible contribution of \$\_\_\_\_\_

**For questions, please contact Katie Ramirez at [kramirez@pfamd.org](mailto:kramirez@pfamd.org), or call 443.330.5370 x106.**

## CONTACT INFORMATION

Person or Organization (as it should appear in printed material)

Point of Contact

Address

City State Zip

Phone Fax Email

## METHOD OF PAYMENT

Enclosed is my check payable to Pathfinders for Autism  Please send an invoice

Please charge my credit card:  Personal Credit Card  Company Credit Card

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover \_\_\_\_\_ Last 4 digits

Amount to Charge

Name as it Appear on Card

Signature

Account Number Expiration Date