



2024 SPONSORSHIPS & REGISTRATION

A Taste of Rockland is a culinary extravaganza featuring innovative and delicious appetizers, entrees, desserts, and libations from local establishments.

Over 300 attendees include business executives, public officials, community leaders, disability advocates, families and friends of The Arc Rockland.

2024 marks the 29th anniversary of this special event and the 70th anniversary of The Arc Rockland. Join us to celebrate our legacy and milestones over the last seven decades and our aspirations for continued impact.



Questions?
Contact Colleen Smith
845.905.6527
CSmith@TheArcRockland.org

Visit TheArcRockland.org
to register online.

Sponsorship Benefits	Presenting \$7,500	Platinum \$5,000	Gold \$2,500	Silver \$1,000	Bronze \$500
Number of event registrations	10	6	3	1	-
Exclusive customized banner displayed at event	✓				
Speaking opportunity during the event	✓				
Recognition from the podium	✓	✓			
Recognition in program book	1/2 page ad	1/4 page ad	name	name	name
Logo on The Arc Rockland's website home page	✓	✓	✓		
Logo on The Arc Rockland's online auction site	✓	✓	✓		
Logo on The Arc Rockland's event web page	✓	✓	✓	✓	✓
Name listed on two banners at event	✓	✓	✓	✓	✓
Recognition on social media posts	✓	✓	✓	✓	✓

\$7,500 Presenting Sponsor

\$5,000 Platinum Sponsors



\$2,500 Gold Sponsors



\$1,000 Silver Sponsors



\$500 Bronze Sponsors

Jane Cowles, Attorney



Registrant Information

Name _____
 Company/Organization _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Mobile Phone _____

**RSVP by
Sept 1st**

Sponsorship Levels

\$7,500 Presenting \$5,000 Platinum \$2,500 Gold \$1,000 Silver \$500 Bronze

Sponsorship Amount \$ _____

A Taste of Rockland Registration

Individual Registration # of guests _____ x \$200 \$ _____

Table of 10 Registration # of tables _____ x \$2,000 \$ _____

Please list the names of your guests:

1 _____ 6 _____
 2 _____ 7 _____
 3 _____ 8 _____
 4 _____ 9 _____
 5 _____ 10 _____

I am unable to attend, but would like to donate \$ _____

TOTAL AMOUNT \$ _____

Payment Information

\$ _____ Check payable to: **The Arc Foundation of Rockland**

Please charge \$ _____ to my:    

I agree to cover the credit card fee (approximately 3%)

Card # _____ Exp. Date _____

Cardholder Name _____ CVC Code _____

Signature _____ Today's Date _____

Mail Payment and Form to: **Colleen Smith**
The Arc Foundation of Rockland
210 Route 303
Valley Cottage, NY 10989



A complimentary 1-year membership to The Arc Rockland is included with your event registration. Your membership supports our advocacy for the rights of people with intellectual and developmental disabilities. Please DO NOT include me as an Arc Rockland member.