



Dear Partner and Friend of New Life,

It is almost time for our annual New Life Gala which will take place on Thursday, October 27th in Rochester and on Friday, October 28th in Bloomington. This year, we are eager to gather to commemorate such a monumental year at New Life and in our nation. On the heels of overturning Roe V. Wade, New Life completed the construction of our fifth, and largest, pregnancy center in Minneapolis. At the Gala, we'll have the opportunity to reflect on the past and contemplate the new beginnings that lie ahead of us in our pursuit of abundant life for all. **New Life has never been more committed to our mission or more motivated to shine the light and hope of Christ into some of the darkest situations.**

There is much to celebrate and we look forward to sharing more with you soon. **The role you play is invaluable to every story we have the privilege of sharing.** As our 49th Gala quickly approaches, which is our largest fundraising event of the year, it is critical that we band together to ensure New Life can continue serving every person who walks through our doors with the love and compassion of Christ.

We are humbly asking you to consider partnering with us for our upcoming gala by helping to underwrite the costs of the event. By helping cover the costs of the evening, you are ensuring that all the funds given or pledged the night of the event go directly to supporting our clients in their greatest time of need. **Our hope is to raise the full expenses for the night ahead of time, and anything beyond that will go directly towards serving our clients.**

We are excited for an evening to celebrate all that God has done and to seize the merciful opportunities that await us in the midst of these new beginnings. We look forward to sharing with you all that we believe He is leading us towards in the year to come.

Thank you in advance for considering this important call to action. Look for a formal Gala invitation to follow in September. If you have any questions, feel free to contact me. We look forward to seeing you at the end of October!

In Christ,

A handwritten signature in black ink, appearing to read "Hannah Thompson".

Hannah Thompson
Development Manager
(612) 746-5662
hannah@nlfs.org

UNDERWRITING OPTIONS

49th ANNUAL FUNDRAISING GALA



If you would like to help cover the costs of the evening, there are several ways to do so.

1. ONLINE: You may give one of the suggested amounts, or whatever you'd like to contribute, online via our website: nlfs.org then click donate. Once at the donation page, select either the 'Gala Underwriting - Rochester' or 'Gala Underwriting - Twin Cities' fund.

2. BY MAIL: You may mail checks to our office at the address below. Please make checks payable to New Life Family Services and include the slip below with your information.

New Life Family Services
1515 East 66th Street
Richfield, MN 55423

3. BY PHONE: You may call our office and we would be happy to receive your donation over the phone, please call Rachel at 612-243-2940.

All underwriting gifts are fully tax-deductible. Underwriters will receive acknowledgement in the program and on the screen. If you would like to remain anonymous, please check the box on the giving form or email Hannah at hannah@nlfs.org.

UNDERWRITING OPTIONS

49th ANNUAL FUNDRAISING GALA

Silver
\$1,000

Gold
\$2,500

Platinum
\$5,000

Diamond
\$7,500



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I WANT TO UNDERWRITE

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

CREDIT CARD: Visa Mastercard Discover

Card # _____
Exp. Date: _____
Email: _____
Name on Card: _____

DONOR ADVISED FUND: _____

Please do not acknowledge my name/company at the event

Underwriting Gift \$ _____

Twin Cities Rochester

DONATE ONLINE: nlfs.org

Checks are payable to New Life Family Services

New Life Family Services is a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent provided by law. Thank you!



EFT Checking Savings

Bank Name: _____
Routing # _____ Account # _____

NLGALA22

I WANT TO UNDERWRITE

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

CREDIT CARD: Visa Mastercard Discover

Card # _____
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DONOR ADVISED FUND: _____

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