



**FIRST NIGHT
ALEXANDRIA**

RESTAURANT PARTNER FORM

info@firstnightalexandria.org

703-963-3755 | www.firstnightalexandria.org

**THANK YOU
FOR YOUR
CONSIDERATION!**



*YES! Count on us to support the
Annual First Night Alexandria on 12/ 31*

Date: _____

Authorized by (name, title): _____

Company name as it should appear in recognition material:

Mailing Address: _____

Contact Person: _____ **Phone:** _____

Email Address: _____ **Website:** _____

Choose your sponsorship level:

Restaurant Partner - \$500

Other - \$ _____

Please Email My Invoice To: _____

Please email this form along with high-resolution company logo (.jpg, .pdf, .eps) file to Info@FirstNightAlexandria.org

THANK YOU FOR YOUR SUPPORT!

FIRST NIGHT ALEXANDRIA INC.

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