



THE
BartonCenter
FOR DIABETES EDUCATION, INC.
Inspiring Children. Empowering Families.™

The Barton Center is excited to have you join us for our 19th annual auction. Your generous donations will make more of a difference now than ever before. Please join us for a night of live & silent auctions, beer, wine, dinner, a 50/50 raffle, and music.



Tickets must be purchased in advance by April 1st. Space is limited, and tickets are sold on a first-come, first-served basis.

Please complete the form on back for tickets, in-kind donations, or sponsorship opportunities.

For additional information, questions, or to pay by credit card, please call 508-987-2056 ext. 2011.

19th Annual Auction



April 29th, 2023

6:00 P.M.-10:00 P.M.

Camp Joslin

Penta Dining Hall

150 Richardson Corner Road

Charlton, MA





Donation and sponsor information, as well as ads, must be received by April 1st to be included in the program book.

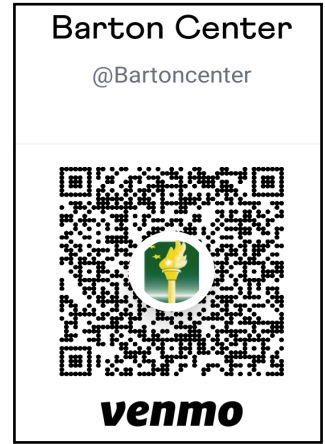
For additional information, questions, or to pay by credit card, please call 508-987-2056 ext. 2011, or email events@bartoncenter.org

To make payments/donations via Venmo:

Please scan QR code and include "Auction" along with your specific *donation type* (as listed below).

Please take a picture of information below and email to events@bartoncenter.org

Thank you and remember all donations are tax deductible.



19th Annual Auction: Sponsorships

_____ I would like to sponsor the Annual Auction to benefit The Barton Center for Diabetes Education, Inc.

- _____ \$500 Leadership: Full page ad in program book and signage at the event (7.5 x 10" jpeg or pdf)
- _____ \$250 Gold: Half page ad in program book (7.5 x 5" jpeg or pdf)
- _____ \$150 Silver: Quarter page ad in program book (7.5 x 2.5" jpeg or pdf)
- _____ \$100 Bronze: Name listing in program book

19th Annual Auction: Tickets/Donations

_____ (# of tickets) @ \$50

_____ Table of 10 @ \$450

_____ I would like to donate an auction item. Please describe item as you would like it listed in the program book:

_____ I am unable to attend, but enclosed is my donation in the amount of: \$ _____

Total Amount Enclosed \$ _____

Name / Company: _____

Address: _____

Telephone: _____ E-mail: _____

Please complete form and return with payment to: The Barton Center for Diabetes Education, Inc.
P.O. Box 356, North Oxford, MA 01537