



Sponsorship Commitment Form

Corporation Name: _____

Individual's Name: _____ Title: _____

How would you like to be listed in print? _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Please Indicate Gift Type: Individual Gift Corporate Gift

Sponsorship Levels

- \$25,000 Presenting Sponsor (1)
- \$15,000 ~~Signature Sponsor~~ (0)
- \$10,000 Premiere Sponsor (2/3)
- \$5,000 Event Sponsor
- \$4,000 VIP Sponsor
- \$2,000 Club Sponsor
- \$700 Hope Sponsor
- \$3,000 Table Host

Event Program Ad

- \$1,500 Inside Cover Color Ad
- \$1,000 Inside Center Color Ad
- \$600 Full Page Color Ad
- \$400 Half Page Color Ad
- \$250 Quarter Page Color Ad
- \$100 Business Card Color Ad

Please Send Completed Form To:

American Cancer Society, Attn: San Gabriel Valley Hope Gala, 99 S. Lake Ave., Suite 400, Pasadena, CA 91101
or email to sgvhopegala@cancer.org

Payment

Enclosed is my check payable to the American Cancer Society

Visa MC AMEX Please charge: \$ _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Authorized Signature: _____

Estimated fair market value of each ticket is \$90. Per IRS Regulations, the tax deduction is limited to the excess of the payment over the fair market value. TAX ID: 13-1788491

Internal Use Only

- In GG On Lawson Cash Check CC
- In Spon Binder In Ad Binder Sent to Printer
- Date Processed: _____ Batch #: _____

FOR ADDITIONAL INFORMATION

