

*Simply the
Best
Dinner & Gala*
Saturday, November 11, 2017



Sponsorship Opportunities



Simply the Best

Dinner & Gala

Saturday, November 11, 2017 • The Fairmont, San Francisco

Premier Sponsor: \$100,000 (Premier Sponsor benefits can be tailored to specific interests)

- Logo as Premier Sponsor on all printed marketing materials for Gala
- Verbal recognition of Premier Sponsor
- Event program (full page ad, color) prominent placement
- Prime seating at Gala (Four tables of 10)
- VIP Reception
- Logo placement in Gala e-mail blasts and Gala website

Cure Finder Sponsor: \$50,000

- Prominent logo placement on all printed marketing materials for Gala
- Verbal recognition during program
- Event Program (full page ad, color) desirable placement
- Prime seating at Gala (Three tables of 10)
- VIP Reception
- Logo placement in Gala e-mail blasts and Gala website

Lifeline Sponsor: \$25,000

- Logo on all printed marketing materials for Gala
- Event Program (full-page ad, color)
- Prime seating at Gala (Two tables of 10)
- VIP Reception

Miracle Worker Sponsor: \$15,000

- Logo on all printed marketing materials for Gala
- One table of 10
- VIP Reception

Lifesaver Sponsor: \$10,000

- Logo on all printed marketing materials for Gala
- One table of 10

Angel Sponsor: \$5,000

- Listing in event invitation and program
- Six tickets to Gala

Ray of Hope Sponsor: \$2,500

- Listing in event invitation and program
- Two tickets to Gala

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SPONSORSHIP COMMITMENT FORM

Full Sponsor Name as you would like to be listed:

Contact: _____ Phone: _____ Fax: _____

Street: _____ City: _____

State: _____ Zip: _____ Email: _____

Website URL: _____

Will you be submitting a logo? YES NO

Please send your logo to melinda@capiaso.com. The logo must be received 2 months prior to the event to ensure its inclusion on printed materials. Include the event name and sponsorship level in your email. Logos must be submitted in vector files (.eps or .ai) with outlined fonts.

I/We cannot attend the Simply the Best Dinner & Gala this year but would like to make a tax-deductible contribution of: \$ _____

PAYMENT INFORMATION

NAME AND ADDRESS SAME AS ABOVE

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____

Please make checks payable to BJALCF or please charge my credit card \$ _____.

Card #: _____ Expiration Date: _____ CVC #: _____

Signature: _____ Date: _____

Please mail this form along with your payment to:

Bonnie J. Addario Lung Cancer Foundation, 1100 Industrial Road Suite 1, San Carlos, CA 94070
Or fax form to (650) 598-0282

Further information contact Capiaso Group Inc., Melinda (415) 821-9693/melinda@capiaso.com

The fair market value of each ticket is \$150. All contributions exceeding this value are tax deductible. A receipt will be mailed to the address you have provided. Bonnie J. Addario Lung Cancer Foundation is a 501(c)(3) non-profit organization ID 20-4417327. Sponsorships are non-refundable.

www.lungcancerfoundation.org // info@lungcancerfoundation.org