



TO CELEBRATE LIFE

BREAST CANCER FOUNDATION

No one should face breast cancer alone.

2017 Stepping Out Gala — Sponsorship Benefits

Presenting Partner (\$50,000)	Premier Partner (\$30,000)	Partner (\$20,000)	Benefactor (\$15,000)	Patron (\$10,000)	Supporter (\$5,000)	Friend (\$2,500)	Contributor (\$1,000)
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YOUR SPONSORSHIP provides:

Recognition

- Logo or name on website
- Gala podium/stage exposure and video presentation
- Exposure to our large network of supporters and high profile Bay Area residents

Advertising

- Gala advertising – 2 months prior to event
- Golden Gate Bus exterior ads and Golden Gate Ferry interior cabin signs (Logos in ads for **Supporter** sponsorship level and above)
- Marin Independent Journal – weekly ads (Logo or name for **Friend** sponsorship level and above)
- Logo or name in gala invitation and program

Seating

- Tables of 10
- Premier or Preferred seating location



Presenting Partner 3 Tables (30 seats) Premier	Premier Partner 2½ Tables (26 seats) Premier	Partner 2 Tables (20 seats) Premier	Benefactor 1½ Tables (16 seats) Premier	Patron 1 Table (10 seats) Preferred	Supporter 6 seats Preferred	Friend 4 seats Preferred	Contributor 2 seats Preferred
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WE CAN CUSTOMIZE your benefits to suit your needs — call us!

2017 Stepping Out Gala — Sponsorship Confirmation

MARK YOUR CALENDAR: Stepping Out To Celebrate Life – **September 23, 2017**

PLEASE RETURN SPONSORSHIP CONFIRMATION BY: EMAIL: info@tocelebratelife.org FAX: 888.825.3230 MAIL: PO Box 367, Kentfield, CA 94914.
Early confirmation ensures recognition in all promotional materials as stated. **PLEASE CALL** 415-455-5882 with any questions.

SPONSORSHIP LEVELS

____ **Presenting Partner** (\$50,000) ____ **Partner** (\$20,000) ____ **Patron** (\$10,000) ____ **Friend** (\$2,500)
____ **Premier Partner** (\$30,000) ____ **Benefactor** (\$15,000) ____ **Supporter** (\$5,000) ____ **Contributor** (\$1,000)

TOTAL PLEDGE \$ _____

____ New Sponsor ____ Returning Sponsor

____ Will attend Stepping Out Gala

Name of company, organization or individual as it will appear on table sign and in print/web _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Authorized by: Name _____ Title _____ Signature _____

____ List my/our name(s) for print and web as _____

____ Prefer that gift remain anonymous

____ Make gift: in Honor of _____ in Memory of _____

____ Send notification of gift to: Name _____

Address _____ City _____ State _____ Zip _____

PAYMENT METHOD

____ Check enclosed ____ Charge Credit Card ____ Visa ____ MC ____ AMEX Card # _____ Exp. Date: _____

Cardholder Name _____ Signature _____

Contact person: Name _____ Title _____

Phone _____ Fax _____ Email _____

To Celebrate Life Breast Cancer Foundation is a 501(c)3 nonprofit. Federal Tax ID: #94-3323358
PO Box 367, Kentfield, CA 94914 • 415.455.5882 • info@tocelebratelife.org • www.tocelebratelife.org



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