



Marin IJ Reader's Choice Awards
Best Charity Gala - Stepping Out To Celebrate Life and **Nonprofit Organization Honor Award**
 CVNL Heart of Marin Awards **Excellence in Board Leadership**

Stepping Out To Celebrate Life™ — 2022 Sponsorship Benefits

Premier Partner	Partner	Benefactor	Patron	Supporter	Friend	Contributor
\$30,000	\$20,000	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000
26 seats	20 seats	16 seats	10 seats	6 seats	4 seats	2 seats

YOUR SPONSORSHIP provides:

Special Acknowledgement and Benefits

Partners, Benefactors and Patrons

- Special stage acknowledgement *
- Logo or name exposure in online auction
- Premier wine with dinner
- Premier seating

Recognition — All Sponsors

- Logo or name on website (pre and post-gala)
- Gala stage exposure in pre-show video
- Logo or name on table signage
- Logo or name exposure in gala promotion via email and social media
- Exposure to our large network of supporters and high profile Bay Area residents

Advertising — All Sponsors

- Logo or name in gala program – commitment deadline for inclusion: **August 15**
- Gala print ad – Marin Independent Journal
- Gala print ad – Marin Independent Journal – Sponsors Thank You



* Premier Partners, Partners and Benefactors

Stepping Out To Celebrate Life™ — 2022 Sponsorship Confirmation

MARK YOUR CALENDAR: Stepping Out To Celebrate Life™ – **SATURDAY, SEPTEMBER 24, 2022**

PLEASE RETURN SPONSORSHIP CONFIRMATION BY AUGUST 15: EMAIL: amy@tocelebratelife.org 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

___ **Premier Partner** (\$30,000)

___ **Benefactor** (\$15,000)

___ **Supporter** (\$5,000)

___ **Contributor** (\$1000)

___ **Partner** (\$20,000)

___ **Patron** (\$10,000)

___ **Friend** (\$2,500)

TOTAL PLEDGE \$ _____

___ New Sponsor ___ Returning Sponsor

___ Will attend Stepping Out Gala

Name of company, organization or individual _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Authorized by: Name _____ Title _____ Signature _____

___ List my/our name(s) for table sign, 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 ___ Credit card ___ Visa ___ MC ___ AmEx Card # _____ Sec. Code: _____ Exp. Date: _____

Cardholder Name _____ Signature _____

CONTACT PERSON for guest list: 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 | www.tocelebratelife.org



No one should face breast cancer alone.™