



TO CELEBRATE LIFE™
BREAST CANCER FOUNDATION



Marin IJ Reader's Choice Awards
Best Charity Nonprofit Gala - Honor Award
Stepping Out To Celebrate Life™

Stepping Out To Celebrate Life™ — 2023 Sponsorship Benefits

Premier Partner	Partner	Benefactor	Patron	Supporter	Friend	Contributor
\$30,000	\$20,000	\$15,000	\$10,000	\$6,000	\$3,000	\$1,500
26 seats	20 seats	16 seats	10 seats	6 seats	4 seats	2 seats

Please respond by **August 14** to be included in the gala program and other print and digital ads.

SPONSOR BENEFITS:

Premier Partner, Partner, Benefactor

- Special acknowledgement during the program
- Premier seating
- Premier wine with dinner
- Logo/name on website (pre/post-gala), online auction and table signage
- Logo/name in program – commitment deadline for inclusion: August 14

Patron, Supporter

- Preferred seating
- Logo/name on website (pre/post-gala) and table signage
- Logo/name in program – commitment deadline for inclusion: August 14

Friend, Contributor

- Gala seating
- Name on website (pre/post-gala) and table signage
- Name in program – commitment deadline for inclusion: August 14

Advertising and Acknowledgement — All Sponsors

- Pre/post gala advertising in Marin Independent Journal (print and digital):
Commitment deadline for inclusion: **August 14**
- Email and social media exposure to our wide network of supporters
- Logo/name recognition in our pre-show program



Stepping Out To Celebrate Life™ — 2023 Sponsorship Confirmation

MARK YOUR CALENDAR: Stepping Out To Celebrate Life™ – **SATURDAY, SEPTEMBER 23, 2023**

PLEASE RETURN SPONSORSHIP CONFIRMATION BY AUGUST 14: 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** (\$6,000) **Contributor** (\$1,500)
 Partner (\$20,000) **Patron** (\$10,000) **Friend** (\$3,000)

TOTAL PLEDGE \$ _____

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.™