



Stepping Out To Celebrate Life™ — 2025 Sponsorship Benefits

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

Please respond by July 18 to be included in our gala print ads; August 11 for gala program

SPONSOR BENEFITS:

Premier Partner, Partner, Benefactor

- Premier seating and wine
- Special recognition from the stage during the program
- Name included in opening show video
- Logo/name in Marin Magazine and Marin Independent Journal gala ads
- Logo/name on our website, event webpage and gala program
- Exposure to our wide network of supporters in pre/post event emails and social media

Patron, Supporter

- Preferred seating
- Name included in opening show video
- Logo/name in Marin Magazine and Marin Independent Journal gala ads
- Logo/name on our website, event webpage and gala program
- Exposure to our wide network of supporters in pre/post event emails and social media

Friend, Contributor (*Additional benefit for Friend sponsorship level)

- · Gala seating
- Name included in opening show video*
- Logo/name in Marin Magazine and Marin Independent Journal gala ads*
- Logo/name on our website, event webpage and gala program
- Exposure to our wide network of supporters in pre/post event emails and social media



2024 Stepping Out To Celebrate Life
Drew Altizer Photography

Stepping Out To Celebrate Life™ — 2025 Sponsorship Confirmation

MARK YOUR CALENDAR: Stepping Out To Celebrate Life™ – SATURDAY, SEPTEMBER 27, 2025

PLEASE RETURN SPONSORSHIP CONFIRMATION BY <u>AUGUST 11</u>: EMAIL: amy@tocelebratelife.org MAIL: PO Box 367, Kentfield, CA 94914.

Early confirmation before July 18 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 \$	I will be attending this year	r's event I am unable to a	attend this year's event	
Name of company, organization or in-	dividual			
Address		City	State Zip	
Phone	Fax	_ Email		
Authorized by: Name	Title	Signature		
List my/our name(s) for table sig	n, print and web as			
Prefer that gift remain anonymo	us			
Make gift: in Honor of		in Memory of		
Send notification of gift to: Nam	e			
			State Zip	
PAYMENT METHOD				
Check enclosed Credit care	d Visa MC AmEx Card #	!	Sec. Code: Exp. Date:	
Cardholder Name		Signature		
CONTACT PERSON for guest list: Na	me	Title		
Phone	Email			

