



COMMITMENT FORM

All commitments received by 8/1/18 will be included in the invitation.

SPONSORSHIP

PRESENTING SPONSOR - \$100,000

\$94,450 tax deductible

- Custom benefits and integration
- Naming rights (e.g. Wish Gala presented by...)
- Three VIP tables of ten
- Logo inclusion in full-page ad featured in *The Hollywood Reporter*
- Includes all recognition and promotion with Dream Maker sponsorship

DREAM MAKER - \$50,000

\$46,300 tax deductible

- Two preferred tables of ten
- Special on-stage recognition
- Photo opportunity with honorees and special guests
- Includes all recognition and promotion with Star Catcher sponsorship

STAR CATCHER - \$25,000

\$23,150 tax deductible

- One preferred table of ten
- Logo listing in tribute journal and full-page ad
- In-event recognition
- Line listing on all marketing materials including invite, social media, press releases, website and event signage
- Line listing in full-page ad featured in *The Hollywood Reporter*

HERO - \$10,000

\$8,150 tax deductible

- One table of ten
- Line listing in tribute journal and full-page ad
- Line listing as Hero on invite and event signage

INDIVIDUAL TICKETS

PREFERRED SEATING - \$1,000

\$815 tax deductible

No. of tickets _____

GENERAL SEATING - \$500

\$315 tax deductible

No. of tickets _____

TRIBUTE JOURNAL ADS

Back Cover - \$15,000

Inside Cover - \$10,000

Two-Page Spread - \$8,500

Full-Page Premium - \$5,000

Full-Page - \$2,500

Half-Page - \$1,250

All ads are 100% tax deductible

FINAL ART DUE OCTOBER 5, 2018

FUND-A-WISH

I am unable to attend, but still wish to support future wishes.
Enclosed is my donation in the amount of \$_____

PLEASE ENTER INFORMATION AS IT SHOULD APPEAR ON GALA MATERIALS

NAME _____ COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

WAYS TO PAY:

1) Online at www.la.wish.org/gala

2) By check payable to Make-A-Wish Greater Los Angeles, mailing to the address listed below

3) Pay by credit card: CHARGE \$ _____ VISA MASTERCARD AMEX DISCOVER

4) CARD # _____ EXP. _____ CCV _____

NAME ON CARD _____ DATE _____

5) Invoice me __

Commitment Signature _____