



“Starry Night”

9th Annual Black Tie Gala Sponsorship Commitment Form

The 2016 Annual Black Tie Gala is fast approaching.

This year the gala will be held on **February 26, 2016** at the Doubletree Hotel, 8th & King Street in Wilmington, Delaware.

We hope we can count on your support.

Set forth below are the various sponsorship levels for your consideration.

Presenting Sponsor - \$ 25,000

- Two tables at the Gala for 10 Guests (20 total).
- Recognition on all Dinner Tables and during Event Program.
- Pre and Post Event Media Coverage; including recognition on all printed and email marketing materials as well as all social media.
- Full Page Ad in Event Program Book.

Platinum Sponsor - \$10,000

- Two tables at the Gala for 10 Guests (20 Total).
- Recognition on all Dinner Tables and during Event Program.
- Pre and Post Event Media Coverage; including recognition on all printed and email marketing materials as well as all social media.
- Full Page Ad in Event Program Book.

Gold Sponsor \$5,000

- One table at the Gala for 10 Guests.
- recognition on all Dinner Tables and during Event Program.
- Half Page Ad in Program Book.
- Pre and Post Event Media recognition.

Silver Sponsor - \$2,500

- One table at the Gala for 10 guests.
- Quarter Page ad in Event Program Book.
- Company/Name Recognition on your dinner table.

Starry Sponsor - \$2,000

- One table at the gala for 10 guests.
- Company/Name recognition on your dinner table.

Twinkle Sponsor - \$450

- Reservation at the Gala for two guests or one couple at the gala.

****Individual Seats can be purchased for \$250 per person ****

Please complete and submit the sponsorship form, guest information and payment along with camera-ready artwork, by **January 30, 2016**. Please submit artwork in either a High Res Jpg or High Res PDF file.

Completed forms may be returned via email, fax or mail and all artwork can be emailed directly to Denni.



Company/Organization

Name: _____

First Name: _____ **Last Name:** _____

Address: _____

Address Line 2: _____ **Suite #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

We are pleased to support the Leukemia Research Foundation of Delaware's Black Tie Gala. Checked below is the sponsored Level or Contribution Amount in which we'd wish to participate.

- \$25,000 – Presenting \$10,000 - Platinum \$5,000 – Gold \$2,500 – Silver
 \$2,000 – Starry \$450 – Twinkle \$250 – Individual \$ _____ Other

With regrets we are unable to attend but would like to place an ad in the Gala program book.

- \$500 - Full Page \$300 – Half Page \$200 – Quarter Page \$100 – Business Card

Total Donation Amount: \$ _____

LRFDE Federal ID#: **26-1215347**

This serves as an acknowledgement will serve as our official receipt of your contribution in accordance with section 170 (f)(8) of the Internal Revenue Code. The Leukemia Research Foundation of Delaware did not provide any goods or services in whole or partial consideration for this contribution.

Visa MasterCard Discover Amex **Name on Card:** _____

Account Number: _____ **Exp. Date:** _____ **Billing Zip:** _____

OR

Check Payable to the LRFDE in the amount of : _____



GUEST LIST

Company Name or Family Name to Appear on Table: _____

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Please list attending guests for your additional table(s):

Please email your completed guest lists to denni.ferrara@lrfde.org by February 15, 2015