



ERASING the Stigma Leadership Awards 2010

SPONSORSHIP OPPORTUNITIES

LEGACY SPONSOR\$25,000

The legacy sponsors make this event possible. As honored guests of Didi Hirsch, two premier tables of ten are dedicated to the guests of the legacy sponsors. All guests invited to special reception.

BENEFACTOR.....\$10,000

One premier table of ten, special listing in invitation. Benefactor page in Commemorative Journal. All guests invited to special reception.

PATRON..... \$5,000

One preferred table of ten, special listing in invitation. Patron page in Commemorative Journal. Five guests invited to special reception.

ADVOCATE..... \$3,000

One preferred table of ten, special listing in invitation. Advocate page in Commemorative Journal. Two guests invited to special reception.

SPONSOR \$1,000

Two preferred seats, name listing in invitation and in Commemorative Journal.

DONATION

Enclosed is a donation of \$ _____ as a gift to support your services. I am unable to attend.

Non tax-deductible portion of each ticket is \$60.

Invitation inclusion deadline: Thursday, February 18, 2010

COMMEMORATIVE JOURNAL

Back Cover..... \$5,000

Inside Back Cover \$3,000

Inside Front Cover \$3,000

Full Page..... \$1,000

Half Page \$500

Quarter Page \$250

Tribute pages are 100% tax deductible.

Event tickets are purchased separately.

We encourage you to send all artwork/messages via email to erasingthestigma@eventsbyone.com. For tribute pages requiring assistance, please include your message in an attachment or send via facsimile to (310) 659-5527.

Tribute page submissions deadline: Wednesday, April 7, 2010

We cannot guarantee inclusion of tribute page artwork/messages submitted after the deadline.

PAYMENT INFORMATION

Name _____

Company/Organization (optional) _____

Contribution is from:

- Individual(s) Company/Business
 Foundation Other

Please list donor name as _____

Address _____

City _____ State _____ Zip _____

Home Office Cell

Primary Phone (please indicate type) _____

Home Office Cell

Secondary Phone (please indicate type) _____

Facsimile _____

Email _____

Enclosed is a check in the amount of: \$ _____
Make checks payable to: **Didi Hirsch Mental Health Services**

Please charge \$ _____ to my:

- Visa Mastercard American Express

Name on card (please print) _____

Account Number _____

Exp. Date _____ Card ID# _____ 3-4 digits after card number on signature line of VISA and MC; 4 digits on top right side of card number of AMEX.

Signature (required for credit card payments only) _____

I am making a gift of stock and will contact
Didi Hirsch Mental Health Services.

Tax ID #95-1816023. Permit on file with Charitable Services.

INQUIRIES AND MAILING

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