



# ERASING the Stigma Leadership Awards 2010

## SPONSORSHIP OPPORTUNITIES

### LEGACY SPONSOR .....\$25,000

Two premier tables of ten. Company logo or sponsor's name will appear in all promotional materials. Two Legacy Sponsor pages will appear in the Commemorative Journal. All Legacy Sponsor guests are invited to special reception.

### BENEFACTOR .....\$10,000

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

### PATRON ..... \$5,000

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

### ADVOCATE ..... \$3,000

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

### SPONSOR ..... \$1,000

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

### TICKET .....\$150

### DONATION

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

## 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.

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

Individual event tickets are available for purchase separately.

We encourage you to send all artwork/messages via email to [erasingthestigma@eventsbyone.com](mailto: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 \_\_\_\_\_

Primary Phone (please indicate type) \_\_\_\_\_  
 Home     Office     Cell

Secondary Phone (please indicate type) \_\_\_\_\_  
 Home     Office     Cell

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

Didi Hirsch Mental Health Services  
c/o ONE Consultants  
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E: [erasingthestigma@eventsbyone.com](mailto:erasingthestigma@eventsbyone.com)

