

# ERASING the Stigma

LEADERSHIP AWARDS 2009

## Sponsorship Opportunities

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

Two premier tables of ten—logo or name will appear in all promotional materials—acknowledgment at the event—two Legacy Sponsor pages in Commemorative Journal. 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.

**INDIVIDUAL TICKETS** .....\$150

Please reserve \_\_\_\_\_ individual ticket(s).

**DONATION**

Enclosed is a contribution of \$ \_\_\_\_\_ to support your services. We are 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

Please send all artwork via e-mail to [erasingthestigma@eventsbyone.com](mailto:erasingthestigma@eventsbyone.com). For tributes requiring assistance, please include your message in an attachment or fax to (310) 659-5527. **Copy deadline is Wednesday, April 15, 2009.**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Office  Cell

Secondary Phone \_\_\_\_\_  Home  Office  Cell

E-mail \_\_\_\_\_ Facsimile \_\_\_\_\_

Guest of \_\_\_\_\_

Enclosed is a check to Didi Hirsch Mental Health Services in the amount of \$ \_\_\_\_\_

For your convenience, guests and contributors may pay by credit card.

Please charge \$ \_\_\_\_\_ to my:  Visa  Mastercard  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Card ID# \_\_\_\_\_  
3 digits for VISA and MC.  
4 digits for AMEX.

Signature \_\_\_\_\_

TAX ID #95-1816023