
SPONSORSHIP FORM 2011

MARQUISE :: \$25,000 [\$18,200 tax deductible]

- VIP Table of twelve guests with **premier** seating
- Distinguished recognition in invitation, Gala Book, all press releases and event-related materials
- Two-page color center fold ad in printed Gala Book
- Custom event signage
- Formal stage recognition
- Beckstrand Cancer Foundation website and newsletter recognition
- Complimentary one-night stay for two couples at The Balboa Bay Club & Resort

EMERALD :: \$10,000 [\$8,250 tax deductible]

- Table of ten guests with **favored** seating
- Recognition in invitation, Gala Book, and event-related materials
- Full page color ad in Gala Book
- Beckstrand Cancer Foundation website and newsletter recognition
- Complimentary one-night stay at The Balboa Bay Club & Resort

PRINCESS :: \$5,000 [\$3,500 tax deductible]

- Table of ten guests with **preferred** seating
- Recognition in invitation and Gala Book
- Half page color ad in Gala Book
- Beckstrand Cancer Foundation website and newsletter recognition

HEART :: \$1,500 [\$1,200 tax deductible]

- Two tickets with **preferred** seating

INDIVIDUAL TICKET :: \$500 [\$350 tax deductible]

NOTE: In order to be recognized in the invitation, your commitment must be made by August 2, 2011.

Contributions received by August 2, 2011 will be included in our Gala Invitation.
Please list the following information as you wish it to appear on all event publications.

Recognition Name: _____

Contact Person: _____

Phone: () _____ Fax: () _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Yes, you can count on my support as a sponsor of The Diamond & Pearl 2011, benefiting Beckstrand Cancer Foundation. Please reserve the following sponsorship opportunity:

- Marquise :: \$25,000
- Emerald :: \$10,000
- Princess :: \$5,000
- Heart :: \$1,500
- Individual Ticket :: \$500 x _____ = \$ _____

Enclosed is my check in the amount of \$ _____ payable to Beckstrand Cancer Foundation

Please charge my credit card: ● American Express ● MasterCard ● Visa

Name on card: _____ Amount: \$ _____

Card Number: _____ Expiration Date: _____

Signature: _____

Please mail or fax this form to:

Beckstrand Cancer Foundation

20341 Birch Street, Suite #310 | Newport Beach, California 92660

949.955.0099 tel | 949.955.0070 fax | beckstrand.org

For additional information, please contact Lil Spitzer, Executive Director at lils@beckstrand.org

