

2018 CCF GALA TICKET AND SPONSORSHIP FORM – NOVEMBER 3, 2018

Name _____

Company _____

Address _____

City/State/Zip _____

Email _____ Phone _____



TICKETED SPONSORSHIPS

- PRESENTING SPONSOR \$25,000 (single sponsor)
- PLATINUM SPONSOR \$7,500
- Priority table for 10 with signage
 - Full page color ad in program book
 - Priority recognition in half page appreciation ad in *The Washington Post*, *The Baltimore Sun* and *Food World*
 - Gala web page recognition and article on sponsorship
 - Social media recognition
 - Program book listing
- GOLD SPONSOR \$5,000
- Priority table for 10 with signage
 - Recognition in half page appreciation in *The Washington Post*, *The Baltimore Sun* and *Food World*
 - Gala web page recognition article on sponsorship
 - Social media recognition
 - Program book listing
- SILVER SPONSOR \$2,500
Designated table for 10 and program book listing
- INDIVIDUAL TICKET \$250

NON-TICKETED SPONSORSHIPS

All non-table sponsorships include name listed on website, event signage and program book.

- CENTERPIECE SPONSOR \$5,000
Company logo displayed with each centerpiece
- CHAMPAGNE BAR SPONSOR \$3,000
Company logo displayed on bar located in lobby
- PHOTO BOOTH SPONSOR \$2,500 (up to 2 sponsors)
Company logo displayed at booth and on photo frames
- SILENT AUCTION SPONSOR \$2,500 (up to 2 sponsors)
Company logo at silent auction tables in lobby
- FOOD STATION SPONSOR \$1,500 (up to 4 sponsors)
Company logo at one of the four food stations

PROGRAM BOOK ADS

Can be purchased separately from sponsorship

Ads are due by October 15, 2018. Please indicate preferences below, and email high resolution PDF (300dpi) to: rverilli@childrenscancerfoundation.org. Ads are black & white unless color is requested below.

- Front Inside Cover (5in x 8in) \$875
- Back Inside Cover (5in x 8in) \$875
- Full Page (5in x 8in) \$525
- Half Page (5in x 3.875in) \$325
- Quarter Page (2.375 x 3.875) \$250
- Color Ad (**add** \$250)

Sponsorship Level (please indicate from left)	\$ _____
Program Book Ad (please indicate from above)	\$ _____
Individual Ticket:	
No. of tickets _____ X \$250	\$ _____
I cannot attend,	
but wish to make a donation of \$ _____	
	Total due: \$ _____
<input type="checkbox"/> Check Enclosed	
<input type="checkbox"/> Check will be mailed separately	
IF PURCHASING A TABLE, PLEASE INCLUDE NAMES OF ALL 10 GUESTS WITH THIS FORM.	

\$150 of individual ticket price is tax-deductible. Tax ID: 52-1319756

Please return this form with your check (Payable to The Children's Cancer Foundation, Inc.) and send to CCF, 5570 Sterrett Pl., Suite 204, Columbia, MD 21044. If paying with credit card, please pay online at www.childrenscancerfoundation.org/ccf-gala

Visit www.childrenscancerfoundation.org or contact CCF at 443-546-4479/ rverilli@childrenscancerfoundation.org for more information