



**2018 “Enriching Lives” Award Gala**

**Friday, April 27, 2018 Skirball Cultural Center, Ahmanson Room 6:00 pm – 9:00 pm**

presenting the

**“Enriching Lives Award” to Chris Wing, CEO SCAN Health Plan**

**“Enriching Communities Award” to Grandpoint Bank**

**“Trailblazer Award” to The Grant Family**

\_\_\_ Please check here if you would prefer to make a pledge in 2017 and be invoiced in February 2018

**\_\_\_ JOINING OLD AND YOUNG SPONSOR \$25,000**

Table of ten with preferred seating, bottle of champagne, two full page color ads in the Digital Tribute Journal, recognition as sponsor during gala media presentation, and recognition on our building Donor Wall

**\_\_\_ HEALTH AND WELLNESS SPONSOR \$10,000**

Table of ten with preferred seating, 12 month recognition on ONEgeneration’s website, two full page color ads in the Digital Tribute Journal, recognition as sponsor during gala media presentation

**\_\_\_ SENIOR ENRICHMENT SPONSOR \$ 5,000**

Table of ten with preferred seating, one full color page ad in the Digital Tribute Journal, recognition as sponsor during media presentation

**\_\_\_ SHARE THE CARE SPONSOR \$2,500**

Table of ten and full page color ad in the Digital Tribute Journal

**\_\_\_ FAMILY AND FRIENDS SPONSOR \$1,000**

4 tickets and half page ad in the Digital Tribute Journal

**TICKET INFORMATION**

\_\_\_ \$700 two tickets and one half page ad in the Digital Tribute Journal

\_\_\_ \$250 single ticket

**The Commemorative Tribute book will be presented in a virtual format, screened during the dinner and Attached to our web site for three months following the 2018 Gala**

\_\_\_ Full Color Page Portrait \$450 (11”h x 8.5”w)      \_\_\_ Half Color Page \$300 (5.5” h x 8.5” w)

**Deadline for digital program book ad copy is March 31, 2018.** Contact Sue Sexton at [event@ONEgeneration.org](mailto:event@ONEgeneration.org)

**PLEASE LIST YOUR NAME EXACTLY HOW YOU WANT TO BE LISTED IN THE TRIBUTE BOOK**

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

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person responsible for ad contact \_\_\_\_\_

Email of contact \_\_\_\_\_

Enclosed is my Check in the amount of \$ \_\_\_\_\_ Please Make Checks Payable to: ONEgeneration

This Is My Pledge for \$ \_\_\_\_\_ Please invoice me/my company at the above address

Please Bill My \_\_\_ MasterCard \_\_\_ VISA \_\_\_ American Express

Credit Card # \_\_\_\_\_ expiration date \_\_\_\_\_

CVV \_\_\_\_\_

Name on Credit Card (Please Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

**RETURN/EMAIL/MAIL THIS FORM TO: ONEgeneration 17400 Victory Blvd., Van Nuys, CA 91406, 818.708.4756**

**event@onegeneration.org Fax: 818.708.6620**

**ONEgeneration is a non-profit agency. Our Federal Tax I.D # 95-4066979. Contributions are tax deductible and receipts will be mailed following the event.**