



2017 “Enriching Lives” Award Gala

Friday, April 21, 2017 Skirball Cultural Center, Ahmanson Room 6:00 pm – 9:00 pm

presenting the

“Enriching Lives Award” to Allan Cutrow and Mitchell Silberberg and Knupp

“Leadership Award” to Rick Pearson and CRESA

“Share the Care Award” to National Charity League”

___ JOINING OLD AND YOUNG SPONSOR \$25,000

Table of ten with preferred seating, bottle of champagne, invitation recognition if PLEDGED before January 4, 2017, 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, invitation recognition if PLEDGED before JANUARY 4, 2017, 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, invitation recognition if PLEDGED before JANUARY 4, 2017, 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

___ for individuals under the age of 30, \$250 for two tickets

ELECTRONIC TRIBUTE BOOK - LOOPED ON SCREEN DURING THE EVENING

BOOK LINK WILL BE ATTACHED TO OUR WEB SITE

ADVERTISERS WILL BE LINKED ON OUR WEBSITE FOR THREE MONTHS FOLLOWING GALA

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

Deadline for program book ad copy is March 17, 2017. Contact Sue Sexton at event@ONEgeneration.org

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

Name _____ Company _____

Title _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Name of Person responsible for ad contact _____ their Email _____

EMAIL ADDRESSES ARE IMPORTANT IN OUR EFFORTS FOR PAPERLESS COMMUNICATION

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 _____

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