

# LIGHTS. CAMERA.

# TAKE ACTION



## PROGRAM BOOK OPPORTUNITIES

Please complete the below form and the sponsorship pledge form **by Friday, April 1st.**

◇ Centerfold:	\$5,000 (includes 4 tickets)	◇ Silver Page:	\$750
◇ Outside Back Cover:	\$5,000 (includes 4 tickets)	◇ Full Page:	\$500
◇ Inside Front Cover:	\$3,500 (includes 2 tickets)	◇ Half Page:	\$300
◇ Inside Back Cover:	\$3,000 (includes 2 tickets)	◇ Quarter Page:	\$150
◇ Rose Page:	\$2,000	◇ Name Listed:	\$100
◇ Gold Page:	\$1,000	◇ In Memory Of:	\$50

### Page Sizes

Full Page: (8.5" x 11")

Half Page: (8.5" x 5.5")

Quarter Page: (4.25" x 5.5")

\*\*\*Outside Back Cover, Inside Back Cover and Inside Front Cover are on a first-come, first-served basis.

Please provide all artwork, ad copy and messages, as you would like them to appear in the program book. Artwork should be sent electronically (via email) as a high-resolution PDF or JPEG file (no crop or bleed).

- ◇ I would like to repeat my ad from last year
- ◇ Typeset message printed below
- ◇ Emailing artwork

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Please email all artwork and materials to Keri Drako and mail all payments to the American Cancer Society:

American Cancer Society  
 Attn: Wine & Roses HBS98U  
 PO Box P  
 Manasquan, NJ 08736  
 (p): 732.903.2061 | (e): [keri.drako@cancer.org](mailto:keri.drako@cancer.org)  
 (w): [www.wineandrosesgalanj.org](http://www.wineandrosesgalanj.org)

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## SPONSORSHIP & PROGRAM BOOK PLEDGE FORM

### **Sponsorships**

◇ Presenting Sponsor	\$30,000	◇ Platinum Sponsor	\$10,000
◇ Legacy Sponsor	\$25,000	◇ Gold Sponsor	\$8,000
◇ Diamond Sponsor	\$20,000	◇ Silver Sponsor	\$5,000
◇ Ruby Sponsor	\$15,000	◇ Bronze Sponsor	\$3,500
◇ Emerald Sponsor	\$12,000	◇ Specialty Sponsor # _____	\$ _____

### **Program Book**

◇ Centerfold:	\$5,000	◇ Silver Page:	\$750
◇ Back Cover	\$5,000	◇ Full Page:	\$500
◇ Inside Front Cover:	\$3,500	◇ Half Page:	\$300
◇ Inside Back Cover:	\$3,000	◇ Quarter Page:	\$150
◇ Rose Page:	\$2,000	◇ Name Listed:	\$100
◇ Gold Page:	\$1,000	◇ In Memory Of	\$50

◇ I would like to make a general mission donation of \$ \_\_\_\_\_

A check (made payable to the American Cancer Society) for \$ \_\_\_\_\_ is enclosed.

I would like to pay with my (circle one) Amex / MC / Visa / Discover

Card# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name as you would like to appear on signage

Signature: \_\_\_\_\_

Please send all forms and advertisements by **FRIDAY, APRIL 1ST** to Keri Drako at American Cancer Society, Attn: Wine & Roses HBS98U, PO Box P, Manasquan, NJ 08736 (p): 732.903.2061 | (e): Keri.Drako@cancer.org.