



2019 Annual Gala

"New Beginnings"

Friday, September 27, 2019

SF Bay Cruise/Commodore Cruises, Alameda

SPONSORSHIP REPLY FORM

Sponsorship Benefits	Acknowledgment	Provider * \$5,000	Partner \$2,500	Advocate \$1,500	Neighbor \$500	Friend \$250
Event Program Publicity	❖ Invitation	•	•	•	•	•
	❖ Email promotions, CCH News	•	•			
	❖ CCH Website	Logo	Listing	Listing	Listing	Listing
	❖ Sponsorship Recognition Banner	Logo	Listing	Listing	Listing	Listing
	❖ Digital Program Advertising	Half Page Color	Half Page Color	Half Page B/W	Listing	Listing
Special Acknowledgment	❖ Prominent acknowledgment during event; HOST OF	Registration Table				
Event guests	❖ Event guests	4	4	4	2	1

*Sponsors at the PROVIDER level will underwrite the attendance of 2 CCH senior residents.



DEADLINE TO BE LISTED IN INVITATION: August 9, 2019

ARTWORK DEADLINE FOR DIGITAL PROGRAM: August 30, 2019



SPONSORSHIP CONFIRMATION & PAYMENT INFORMATION

Commitment Level:

(Check One)

- ☐ Provider (\$5,000)
- ☐ Partner (\$2,500)
- ☐ Advocate (\$1,500)
- ☐ Neighbor (\$500)
- ☐ Friend (\$250)

Payment Method:

(Check One)

- ☐ Payment is enclosed
- ☐ Credit Card
(Pay online at www.cchnc.org)
- ☐ Payment to follow

☐ I/We wish to keep my/our contribution anonymous.

Sponsor Name (as you wish to be listed) _____

Contact Person _____

Address _____

Phone _____ FAX _____ E-mail _____

Thank You! Your contribution is tax-deductible to the fullest extent of the law. CCH's tax ID# is 94-6077407. Please make checks payable to CCH and mail with this form to: **CCH Annual Gala, 303 Hegenberger Road, Suite 201, Oakland, CA 94621** or FAX your commitment form to: **510-632-6755**.

For more information, please contact Tamie Tibbitts @ 510-746-4116 or ttibbitts@cchnc.org