

SPONSOR FORM

☐ Platinum Sponsor - \$5,000

- ✓ Includes 2 tables (20 seats) at event
- ✓ Preferred seating at front of venue
- ✓ Logo on event website
- ✓ SEO optimized profile
- ✓ Company logo on event flyers
- ✓ Company on mailers
- ✓ Digital signage at event
- ✓ Logo on event video
- ✓ Company name on radio (intro)
- √ 1/2 page event program ad
- ✓ Press release mention
- ✓ Event bag marketing opportunity
- ✓ Logo on any media sponsor ads as available

☐ Gold Sponsor - \$2,000

- ✓ Includes 1 table (10 seats) at event
- ✓ Logo on event website
- ✓ SEO optimized profile
- ✓ Company logo on event flyers
- ✓ Company on mailers
- ✓ Digital signage at event
- ✓ Logo on event video
- ✓ Company name on radio (outro)
- ✓ 1/3 page event program ad
- ✓ Event bag marketing opportunity

Please mail or fax this form and your sponsorship payment to:

Make-A-Wish: 1650 Spruce Street, Suite 100 Riverside, CA 92507 or Fax: 951-321-0125

If you would like to mail or fax your payment, please fill out your sponsorship level and include:

☐ Check ☐ Visa ☐ MasterCard ☐ Amex (Make check payable to Make-A-Wish Orange Coun	ty and the Inland Empire)
Credit Card #	Exp: / Security Code:
Company Name:	Contact Person Name:
Phone: Email:	
Address:	
City: State:	Zip:
*All proceeds will be split between Make-A-Wish (8	0%) and St. Jude Children's Research Hospital (20%).
Company Team Option	
	can donate to raise more funds! _ Team Captain Name: Team Captain Phone: