## NDF Annual Gala

November 14, 2021 | Skirball Cultural Center

## **Sponsorship Opportunities**

Presenting Sponsor - \$50,000  Exclusivity as Presenting Sponsor   Two Premier VIP tables of 10   Logo in prime placeme on Step and Repeat   Premier Full Page Ad in Tribute Journal   Recognition from podiur Company Name/Logo featured as Presenting Sponsor on all printed materials, website a video screens at Gala   Company Name/Logo featured on all social media platforms and Podcast  Visionary Sponsor - \$25,000  One Premier VIP Table of 10   Logo on Step and Repeat   Full Page Ad in Tribute Journal Recognition from podium   Company name/Logo featured as Visionary Sponsor on all printed materials, website and video screens at Gala   Company Name/Logo featured on social media platforms  Casino Sponsor-\$18,000	Page Ad in Tribute Journal   Recognition as Hero Sponsor of all printed materials, website and video screens at Gala in  Supporting Sponsor - \$5,000  Four Tickets to Gala at VIP Premier Table   Listed as Supporting Sponsor on all printed materials, website and video screens at Gala
Exclusivity as Casino Sponsor   Designated Signage throughout Casino   Branded chips Company Logo   Logo on Step and Repeat   Full Page Ad in Tribute Journal   Company Name/Logo featured as Casino Sponsor on all printed materials, website and video scree Gala  Champion Sponsor-\$12,500  One Premier VIP Table of 10   Logo on Step and Repeat   Full Page Ad in Tribute Journal Recognition as Champion Sponsor on all printed materials, website and video screens at	Sponsorship Inquiries:  Email us: Gala@CureGNEM.org  Call Amy Coan at (847) 951-8340
Available for purchase online soon:  Individual Tickets - \$500 per ticket  NextGen Tickets - \$275 per ticket (guests under 30 years old)  *** Early Bird Pricing (Purchase Before October 14): \$400 Individual, \$200 NextGen	Mail, or e-mail form, payment & ad copy to:  NDF c/o Tara Laurell 2248 W.25th Street Los Angeles, CA 90018 Tara@Taralaurell.com  (562) 235-0703 Office  Your charitable deduction is the excess over the cost of goods and services. Tax ID: #06-1789643
Payment  Name: Address:  Email:	Company:       State: Zip:         Phone:       Those
Enclosed is my check payable to Neuromuscular Disease Foundation for \$  Please charge \$ to my:	Please circle YES or NO:  Would you like to cover the 2.9 credit card processing fee? YES / No  Exp. Date: Security Code:

Signature: \_

Connection to NDF: \_

Name on Card: \_