

RSVP

Phillip Burton Immigration & Civil Rights Awards

SPONSOR

Sponsor pledges and ad artwork are due by May 5th.

- PINNACLE \$25,000**
Two tables of 10 | Full page ad in program book
| Recognition: Website,* program book, annual report, newsletter, reception signage, social media, press release & stage announcement
- PREMIERE \$15,000**
Table for 10 | Full page ad in program book
Recognition: Website,* program book, annual report, newsletter, reception signage, social media, press release & stage announcement
- CHAMPION \$10,000**
Table for 10 | Full page ad in program book
Recognition: Website,* program book, annual report, newsletter, reception signage, social media, press release & stage announcement

- MAJOR \$7,000**
Table for 10 | Half page ad in program book
Recognition: Website,* program book, annual report, newsletter, reception signage & stage announcement
- PATRON \$3,500**
Half table for 5 | Half page ad in program book
Recognition: Website,* program book, annual report, newsletter, & reception signage
- SUPPORTING \$1,000**
Preferred seating for 2
Recognition: Program book, annual report & newsletter
- NONPROFIT PARTNER \$1,200**
Seating for 10 | Quarter page ad in program book
Recognition: Website, program book, annual report & newsletter

BUY A TICKET

Please supply guest names via email to sbrenner@ilrc.org by May 8th.

___ tickets x \$250 each

___ tickets x \$125 each (nonprofit allies and attendees under 30)

*With optional logo

Continued on other side

KEEP MOVING FORWARD

PURCHASE AN AD

Ad artwork is due by May 5th.
Please email for ad sizes and guidelines.

- Full page \$2,000
- Full page nonprofit \$1,000
- Half page \$1,000
- Half page nonprofit \$500
- Quarter page \$500
- Quarter page nonprofit \$250

DONATE

Your contribution of \$_____ will be
doubled through our Board Challenge!

Reply to sbrenner@ilrc.org or
415-321-8573.

Your support exceeding \$100 per
attendee is tax deductible to the
extent allowed by law.

Tax id number: 94-2939540

PAYMENT OPTIONS

NAME _____

(As it should appear in materials)

- I wish to be anonymous

CONTACT PERSON _____

MAILING ADDRESS _____

PHONE _____

EMAIL _____@_____

- A check payable to the Immigrant Legal Resource Center is enclosed
- I will send a check by _____|_____|_____
- You may charge my ___ Visa *or* ___ Mastercard *or* ___ Amex

CC NUMBER _____

Expiration _____|_____|_____ CVV_____

Signature _____