



Pediatric Foundation of Georgia 20th Anniversary Gala
Renaissance Waverly Hotel, Atlanta • September 15, 2018 • 6:30pm-9:00pm
Sponsor Reservation Form

Sponsorship: Yes, I will sponsor the 20th Anniversary Gala. My sponsor-level is below:

__Diamond Sponsor - \$7,500

- Includes sponsor's table of 10 people
- One Full-Page Ad in the 20th Anniversary Gala Program Booklet
- Recognition in all gala event publicity

__Platinum Sponsor - \$5,000

- Includes 8 event tickets
- One Half-Page Ad in the 20th Anniversary Gala Program Booklet
- Recognition in all gala event publicity

__Gold Sponsor - \$3,000

- Includes 6 event tickets
- One Half-Page Ad in the 20th Anniversary Gala Program Booklet
- Recognition in all gala event publicity

__Silver Sponsor - \$1,000

- Includes 4 event tickets
- Recognition in all gala event publicity

__Bronze Sponsor - \$500

- Includes 2 event tickets
- Recognition in all gala event publicity

Individual Tickets Only: Yes, I will purchase tickets to the 20th Anniversary Gala:
\$125 per ticket x _____ ticket(s) = \$ _____ total enclosed

Advertisement Only: Yes, I will advertise in the 20th Anniversary Gala Program Booklet:

- __ Full-Page Ad – Back Cover - \$1,500**
__ Full-Page Ad – Inside Front Cover - \$1,200
__ Full-Page Ad – Inside Back Cover - \$1,200 (2 pages available)
__ Full-Page Ad - \$1,000
__ Half-Page Ad - \$500

Silent Auction Donation: Yes, I would like to donate the following item(s) to the Silent Auction: _____

Please make your selection and **RSVP by August 15, 2018**
Deadline to submit graphics for advertisements and/or donated item(s) is also August 15th

Enter payment information on reverse side.

(The Foundation is a charitable non-profit organization recognized by the IRS as a 501-(c)3 tax exempt entity. Your contributions are tax deductible as allowable by law.)



Make all checks payable to ***Pediatric Foundation of Georgia*** (enter '20th Anniversary Gala' in memo), or if you wish to pay by credit card, please fill out the information below:

- Visa Mastercard American Express

Card # _____

Expiration Date _____ CSV Code _____

Name on Card _____

Contact Person _____

Organization _____

Address _____

City/State/Zip _____

Email Address _____

Phone _____

Return Sponsorship Reservation Form to the attention of Andrea Boyd:

By Mail – Georgia AAP, 1330 W. Peachtree Street NW, Atlanta, GA 30309, Suite 500

By Email – aboyd@gaaap.org

By Fax – (404) 249-9503

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