



Grandma's Angels Luncheon Sponsorship Form November 28, 2023



Name: _____

Company: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I WANT TO SPONSOR/UNDERWRITE THE EVENT!

(ONLY 1)	PRESENTING SPONSOR 20 VIP Tickets with the option to select your tables	<input type="radio"/> Listing on Invitation & Program as Presenting Sponsor <input type="radio"/> Verbally recognized and thanked at the luncheon <input type="radio"/> FULL PAGE COLOR Ad in event program
\$10,000	GUARDIAN ANGEL 20 Tickets to the event (2 reserved VIP tables of 10)	<input type="radio"/> Listed as appropriate sponsor in event program, website & Facebook <input type="radio"/> Verbally recognized and thanked at the luncheon <input type="radio"/> FULL PAGE COLOR ad of event program
\$5,000	GOLD or lunch or wine reception sponsor 1 Table (10 VIP Tickets)	<input type="radio"/> Listed as appropriate sponsor in event program, website & Facebook <input type="radio"/> FULL PAGE COLOR ad in event program
\$2,500	SILVER 5 Tickets to the Event	<input type="radio"/> Listed as appropriate sponsor in event program, website & Facebook <input type="radio"/> 1/2 PAGE COLOR ad in event program
\$1,000	Program, Invitation, Valet, Photographer or Children's Sponsor - 2 Tickets	<input type="radio"/> Listed as appropriate sponsor on in event program, website & Facebook <input type="radio"/> BUSINESS CARD ad in event program

For more information, please e-mail roxanne@grandmasplacepb.org or call 561-753-2226

I WANT TO PURCHASE A TICKET OR AN AD IN THE EVENT PROGRAM!

	COST		Quantity
	\$2,000	Table	10 Tickets <small>Must select filet or vegetarian menu for each guest</small>
	\$200	Ticket	1 Ticket <small>MUST select <input type="checkbox"/>filet or <input type="checkbox"/>vegetarian lunch</small>
	COST	SIZE	AD Size (in jpg or pdf)
	\$200	Full Page	5"wide x 8" high
	\$100	Half Page	5" wide x 4" high
	\$50	Quarter Page	Business Card Size

Must supply camera-ready artwork for the event program

Payment: Amount Enclosed \$ _____ Please make check payable and return to:

Grandma's Place 184 Sparrow Dr. Royal Palm Beach, FL 33411

Charge my credit card \$ _____ I will pay the charge card fee

Credit Card: Visa MasterCard American Express

Card Number: _____ CVC#: _____

Expiration Date: _____ Signature: _____