



GALA SPONSORSHIP RESPONSE FORM

Please complete this form and return it to the address listed below to ensure proper acknowledgment of your sponsorship and inclusion in event materials.

Options Health, Attention: Kimberlie Smith-Mullin
184 E. Leland Rd, Pittsburg, CA 94565
Email: kim.smith@optionshealth.org or call (925) 827-0100

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- PLATINUM (\$5,000)** **GOLD (\$2,500)** **SILVER (\$1,500)** **BRONZE (\$750)**
- DONATION** _____ *We are unable to attend this year but would like to contribute.*

Exact Sponsorship Name _____

Contact Person _____ Phone _____

Address _____

Email _____

Website URL _____

Donation Method: **PLEDGE** **CHECK** **CREDIT CARD** **STOCK**

Credit Card # _____ Exp. Date ____/____

Name on Card _____ Security Code _____

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Submitting Your Logo:
In order to display your logo on event marketing materials, we require a vector file in one of the following formats: .eps, .ai, .svg, or .pdf. Please do not send .jpg or .png files.
Email logo files to: meagan.webb@optionshealth.org.

*** Please note: We are unable to accommodate more than eight guests at each table round ***

Options Health is a 501(c)(3) nonprofit organization, Tax ID# 68-0026753.