

American Cancer Society's
35th Annual Night of Wine and Roses Gala

THE TIME IS NOW

DIGITAL PROGRAM BOOK SPONSORSHIP OPPORTUNITIES

Please complete the below form and the sponsorship pledge form **by Friday, June 26th**. Our digital book will be viewed as a pdf, on our website, and broadcasted following the virtual event program.

* Centerfold:	\$5,000	* Full Page:	\$500
* Inside Front Cover:	\$3,500 SOLD	* Half Page:	\$300
* Back Cover:	\$3,000	* Quarter Page:	\$150
* Rose Page:	\$2,000	* Name Listed:	\$100
* Gold Page:	\$1,000	* In Memory Of:	\$50
* Silver Page:	\$750		

Page Sizes

Full Page: (8.5" x 11")

Half Page: (8.5" x 5.5")

Quarter Page: (4.25" x 5.5")

***Outside Back Cover, Inside Back Cover and Inside Front Cover are on a first-come, first-served basis.

Please provide all artwork, ad copy and messages, as you would like them to appear in the program book. Artwork should be sent electronically (via email) as a high-resolution PDF or JPEG file (no crop or bleed).

◇ I would like to repeat my ad from last year

◇ Typeset message printed below

Please email all artwork and materials to Keri Drako and mail all payments to the American Cancer Society:

Ms. Keri Drako, Senior Development Manager
American Cancer Society
2310 Route 34, Suite 1D, Manasquan, NJ 08736
(p): 732.292.4247 | (e): keri.drako@cancer.org
(w): www.wineandrosesgala.org

* Digital Program Book to be live streamed following our program. Digital Program book will also be featured on our website and emailed out to all event participants

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SPONSORSHIP & PROGRAM BOOK PLEDGE FORM

Sponsorships

◇ Presenting Sponsor	\$30,000	◇ Sponsor a Stay	\$8,000
◇ Legacy Sponsor	\$25,000	◇ Return to Screening Sponsor	\$5,000
◇ Fund the Future Sponsor	\$20,000	◇ Patient Support Sponsor	\$3,500
◇ Rally for Research Sponsor	\$15,000	◇ Mission Champion	\$2,000
◇ Give to a Guest Sponsor	\$10,000		

Digital Program Book

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A check (made payable to the American Cancer Society) for \$_____ is enclosed.

I would like to pay with my (circle one) Amex / MC / Visa / Discover

Card# _____ Exp: _____ CVV: _____

Your Name: _____

Title: _____ Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Name as you would like to appear on signage

Signature: _____

Please send all forms and advertisements by **FRIDAY, JUNE 26th** to Keri Drako at
American Cancer Society, 2310 Route 34, Suite 1D, Manasquan, NJ 08736
(p): 732.292.4247 | (e): Keri.Drako@cancer.org.