



Ovarcome Non-Profit Inc.

OVARCOME'S 5TH ANNUAL OVAR THE MOON GALA EVENT DATE: MAY 19, 2018 SPONSORSHIP OPPORTUNITIES

All sponsorship levels will include:

- Your logo posted on Ovarcome's Gala Event Page
- Recognition in our Gala Magazine
- Recognition in social media campaigns prior, during and after the event
- Special mention and recognition in slide show presentations during the Gala
- Complimentary valet and 2 drink tickets per guest for all table guests

LEVELS

PRESENTING SPONSOR: \$25,000 (one available)

- Recognition as the Exclusive Event Sponsor of Ovarcome's 5th Annual Gala
- Two premium tables of 10 guests per table
- Sponsorship of one table of 10 Ovarcome survivors & guests
- All attendees will receive an event favor with corporate logo printed on the label
- Premier underwriter recognition in gala and a formal word of recognition from our host. Opportunity to make opening remarks at the Gala
- Premier full-page advertisement in the event brochure
- Opportunity to set up a Booth at the registration area with 2 company representatives

PATRON SPONSOR: \$15,000

- Recognition as the Exclusive Patron Sponsor (one available)
- Two premium tables of 10 guests per table
- Premier underwriter recognition in gala and a formal word of recognition from our host
- Premier full-page advertisement in the event brochure
- Opportunity to set up a Booth at the registration area with 2 company representatives

DINNER SPONSOR: \$10,000

- Recognition as the Exclusive Dinner Sponsor (one available)
- One premium table of 10 guests
- Sponsor Logo to be printed on all *dinner menus*
- Premier full-page advertisement in the event brochure
- A formal word of recognition from our host

OVARCOME AWARDS SPONSOR: \$7,500

- Exclusive Sponsor and Presenter for all nominated awards
- A formal word of recognition from our host
- One premium table of 10 guests
- Premier full-page advertisement in the event brochure

COCKTAILS SPONSOR: \$7,500

- Sponsor logo on *drink tickets* distributed to each guest & logo displayed at the Bar
- One premium table of 10 guests
- Premier full-page advertisement in the event brochure

INVITATIONS SPONSOR: \$5,000

- Exclusive underwriter for invitation design, production and printing
- Sponsor name and logo featured on *all invitations*
- One premium table of 10 guests
- Premier full-page advertisement in the event brochure

DECORATIONS SPONSOR: \$5,000

- Exclusive underwriter for the Gala event decorations
- Sponsor name and logo featured on all ballroom tables
- One premium table of 10 guests
- Premier full-page advertisement in the event brochure

VALET SPONSOR: \$3,500

- Exclusive Valet Sponsor for all attendees
- Company logo to be printed on all *valet tickets*
- One premium table of 10 guests
- Premier half-page advertisement in the event brochure

PHOTO BOOTH SPONSOR: \$3,500

- Exclusive underwriter for the fun & fabulous pictures of the evening
- Company/ Sponsor Logo featured at booth and on *all photo print-outs* for guests to take home
- One premium table of 10 guests
- Premier half-page advertisement in the event brochure

GALA PATRONS: \$2,500

- One premium table of 10 guests
- Premier half-page advertisement in the event brochure

GALA CHAMPIONS: \$1,500

- 4 table tickets
- Premier quarter-page advertisement in the event brochure



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**OVARCOME GALA
SPONSORSHIP FORM**
EVENT DATE: MAY 19, 2018

_____ Yes, I/we wish to support The Annual Ovarcome Gala, 2018.

Please print your Company/Foundation/Name as you would like it to appear in the program.

Company/Foundation/Name: _____

Contact Name: _____

Title/Position: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

- Presenting Sponsor \$25,000
- Patron Sponsor \$15,000
- Dinner Sponsor \$10,000
- Ovarcome Awards Sponsor \$7,500
- Cocktails Sponsor \$7,500
- Invitations Sponsor \$5,000
- Decorations Sponsor \$5,000
- Valet Sponsor \$3,500
- Photo Booth Sponsor \$3,500
- Gala Patrons \$2,500
- Gala Champions \$1,500
- Donor (Unable to attend but wish to contribute) \$ _____

_____ Enclosed check in the amount of \$ _____ - payable to Ovarcome Non-Profit Inc.

_____ Charge my credit card AMEX Visa MasterCard Discover

Card # _____ Security Code # _____ Exp. Date _____

Authorized signature: _____

Please make your check payable to: Ovarcome Non-Profit Inc.

Please mail to Gala Coordinator:

Ovarcome Non-Profit Inc.
2525 Robinhood Street, Suite: 212, Houston, TX 77005

Meal Preference:

_____ # Of Vegetarian Meals

_____ # Of Non-Vegetarian Meals