



65TH ANNIVERSARY GALA

*Saturday, November 3rd, 2018
St. John's Armenian Church Banquet and
Conference Center, Southfield*

SPONSOR levels

TAX ID: 38-1575570

DIAMOND SPONSOR \$10,000	PLATINUM SPONSOR \$5,000	GOLD SPONSOR \$3,500	SILVER SPONSOR \$2,500	TABLE SPONSOR \$1,250
<ul style="list-style-type: none"> ➤ VIP seating for 20 ➤ Company logo printed on event and marketing materials ➤ Company logo displayed on event signage ➤ Acknowledgment on video at the event ➤ Logo on WM Relief's website with link to company's website ➤ Recognition in World Medical Relief's Winter Newsletter ➤ Full back page color ad in Commemorative Program Book ➤ Opportunity to supply branded giveaway to Anniversary Gala guests 	<ul style="list-style-type: none"> ➤ VIP seating for 10 ➤ Company logo printed on event and marketing materials ➤ Company logo displayed on event signage ➤ Logo on World Medical Relief's web site with link to company's web site ➤ Recognition in World Medical Relief's Winter Newsletter ➤ Full page color ad in Commemorative Program Book ➤ Opportunity to supply branded giveaway to Anniversary Gala guests 	<ul style="list-style-type: none"> ➤ VIP seating for 10 ➤ Company logo printed on all event and marketing materials ➤ Company logo displayed on event signage ➤ Logo on World Medical Relief's web site with link to company's web site ➤ Recognition in World Medical Relief's Winter Newsletter ➤ Full page ad in Commemorative Souvenir Program Book 	<ul style="list-style-type: none"> ➤ VIP seating for 10 ➤ Company logo printed on all event and marketing materials ➤ Company logo displayed on event signage ➤ Logo on World Medical Relief's web site with link to company's web site ➤ Half page ad in Commemorative Souvenir Program Book 	<ul style="list-style-type: none"> ➤ Seating for 10 ➤ Listing in the program book if committed before September 1st ➤ Listing on World Medical Relief's Web site



WORLD MEDICAL RELIEF

Serving the sick and poor since 1953

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SPONSOR form

Contact Name: _____ Company: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

COMMITMENT:

- ☐ Diamond Sponsor: \$10,000 (FMV=\$1,900)
- ☐ Platinum Sponsor \$5,000 (FMV=\$950)
- ☐ Gold Sponsor: \$3,500 (FMV=\$700)
- ☐ Silver Sponsor: \$2,500 (FMV=\$585)
- ☐ Table Host: \$1,250 (FMV=\$450) (\$1,200 with advance purchase before August 1, 2018)

PAYMENT INFORMATION

☐ PLEASE SEND INVOICE

Or please charge my: ____ Visa ____ MasterCard ____ Discover ____ AMEX

Card #: _____ Exp. Date: ____/____ Security Code: _____

Card holder name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



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SEAT RESERVATION form

TAX ID: 38-1575570

Please reserve the following tickets

	No. of tickets	Amount enclosed
➤ Benefactor: \$125 (FMV=\$45)		\$
➤ Active Volunteer: \$50 (FMV=\$45)		\$
➤ Student (with ID): \$50 (FMV=\$45)		\$
I am unable to attend but here is my donation		\$

PAYMENT INFORMATION

Please charge my: ____ Visa ____ MasterCard ____ Discover ____ AMEX

Card #: _____ Exp. Date: ____/____ Security Code: _____

Card holder name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

____ I am enclosing a check in the amount of _____ made payable to World Medical Relief

UNUSED SEATS MAY BE DONATED BACK TO WORLD MEDICAL RELIEF. THANK YOU FOR YOUR SUPPORT AND GENEROSITY!



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COMMEMORATIVE PROGRAM BOOK

TAX ID: 38-1575570

We invite you/your organization to advertise in our Commemorative Souvenir Program Book. Proceeds from these advertisements will benefit World Medical Relief. Please return the order form no later than October 1, 2018.

Back Page (8.5" w. x 11" h.)	\$1,000/Color		Full Page (8.5" w. x 11" h.)	\$250/B&W	
Inside Front (8.5" w. x 11" h.)	\$500/Color		Half Page (8.5" w. x 5.5" h.)	\$135/B&W	
Inside Back (8.5" w. x 11" h.)	\$500/Color		Quarter Page (4.25" w. x 5.5" h.)	\$75/B&W	
Center Fold (8.5" w. x 11" h.)	\$300/Color				

Please send us your Camera-Ready advertisement by October 10, 2018. Please email ad in highest print quality (File types accepted: PDF) Email: jjabara@worldmedicalrelief.org

PAYMENT INFORMATION

Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card #: _____ Exp. Date: ____/____ Security Code: _____

Card holder name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

☐ I am enclosing a check in the amount of _____ made payable to World Medical Relief