



Honoring: Alec Call and Bryan Johns (Leadership Award)  
Sherry Goldman (Advocacy Award)

Sunday, October 24, 2021 • Sponsorship Opportunities

Title Sponsor \$100,000

Please contact Allison Jackson at 310-550-7719  
allison@allisonjacksonco.com for additional information.

Presenting Sponsor \$50,000

Table seating for 10 close to stage; Two-Page Spread in tribute journal; signage at event and on event website; acknowledgement by host and NBCC President during opening remarks; Presenting Sponsor recognition in all media materials.

Benefactor \$25,000

Table seating for 8; signage at event and on event website; Gold Full-Page Ad in tribute journal; acknowledgement by host and NBCC President during opening remarks.

Premier Plus \$15,000

Table seating for 6; Full-Page Ad in tribute journal; signage at event and on event website.

Premier \$10,000

Table seating for 6; Full-Page Ad in tribute journal.

Patron \$7,500

Table seating for 6; Half-Page Ad in tribute journal.

Champion \$5,000

Table seating for 4; Quarter-Page Ad in tribute journal.

Friend Ticket \$1,000

Table seating for 1 (limited availability).

Cabaret Ticket \$350

Side table seating for 1.

Sorry, I/we cannot attend

Enclosed is my/our contribution of \$ \_\_\_\_\_ payable to National Breast Cancer Coalition Fund.

Tribute Journal Ads:

Platinum Full-Page: \$10,000  Gold Full-Page: \$5,000  Full-Page: \$2,500  Half-Page: \$1,500  Quarter-Page: \$750

Art Submission Deadline: September 23, 2021.

Electronic files preferred; please email ad copy or artwork to [sgoins@stopbreastcancer.org](mailto:sgoins@stopbreastcancer.org)

Full-Page: 6 1/2" x 8" | Half-Page: 6 1/2" x 4 1/8" | Quarter-Page: 3 1/8" x 4 1/8" (live area, non-bleed). All ads are black & white.

Name/Company \_\_\_\_\_

To Be Listed As \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please make checks payable to National Breast Cancer Coalition Fund or indicate credit card information:

Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV/Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_