



June 20, 2020 • 5:30 pm – 9:00 pm

The Turnip Rose Promenade & Gardens

SPONSORSHIP BENEFITS

	ANNIVERSARY TITLE \$30,000	PLATINUM \$20,000	GOLD \$10,000	SILVER \$5,000	BRONZE \$2,500
Corporate Name in Title of the Event	✓				
Tables of up to 10 guests	2 Premier Tables	1 Premier Table	1 Reserved Table	1 Reserved Table	5 Guests
Pre- Event Recognition via email and social media	✓	✓			
Company Logo on revolving ad at event	✓ LOGO	✓ LOGO	✓ LOGO	✓	
Ad or letter from company CEO in Program	Center	Inside Back Cover	Back Cover	Full Page	Half Page
Premier Valet Parking for Guests/ Reserves Spots	✓				
CORPORATE ENGAGEMENT/ RECOGNITION					
Rotating Feature Banner on WW website HP	Launch Date	3 months	1 month		
VIP staff lunch at WW including CSR challenge	✓	✓	✓	✓	✓
Feature / highlight Company in Good News	✓	✓	✓	✓	
Social Media exposure	✓	✓	✓	✓	✓
Plaque Presentation at Company Office	✓	✓	✓		

For more information, please contact Marissa Chery at marissac@workingwardrobes.org or call **714-210-2460 ext. 108**.

Working Wardrobes Career Center / Donation Center

PO Box 413, 92 Corporate Park, Suite C Irvine, CA 92606 | 714.210.2460 | info@workingwardrobes.org | workingwardrobes.org



SPONSOR OPPORTUNITIES

GALA LEVELS

- \$30,000** Anniversary Title
- \$20,000** Platinum
- \$10,000** Gold
- \$5,000** Silver
- \$2,500** Bronze

TABLES & TICKETS

- _____ \$3,000 hosted table up to 10 guests
- _____ \$250 Individual Ticket

EVENT PROGRAM ADVERTISING

Due by May 15, 2020

- \$500 Full-Page Color Ad
- \$250 Half-Page Color Ad

Name _____ Company _____
Name as you would like it to appear in recognition materials and publicity

Address _____

City / State / Zip _____

Phone _____ Email _____

Payment Information

Check: \$ _____ Payable to Working Wardrobes

Credit Card: Amount Total: \$ _____

Please charge my Master Card Visa American Express Discover

Name on Card _____

Billing Address (if different from above) _____

Account Number _____

Expiration Date _____ CV2 _____ (3 digit number on back of Visa, MC, 4 digits on front of Amex)

Signature _____

_____ (initials) I authorize the processing of the above credit card

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Tax deductible portions available upon request.



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