



SPONSORSHIP OPTIONS

- _____ **Platinum - \$50,000** Presenting sponsor listing on all event materials including print and electronic invitation; Logo/name visibility at the event (step-and-repeat); Recognized as a National Corporate Partner for one (1) year (includes visibility at all national events); Full page ad on the back page of the tribute journal; Two (2) tables of 10 with preferred seating; 20 VIP tickets.
- _____ **Gold - \$30,000** Logo included in all event collateral including print and electronic invitation; Full page ad on the inside front or back cover of the tribute journal; One (1) table of 10 with preferred seating; Ten (10) VIP tickets.
- _____ **Silver - \$15,000** Full page ad in the tribute journal with silver level distinction; One (1) table of 10; Four (4) VIP tickets.
- _____ **Bronze - \$10,000** Full page ad in the tribute journal with bronze level distinction; One (1) table of 10; Two (2) VIP tickets.

TRIBUTE AD OPTIONS

- _____ Back cover - \$20,000
- _____ Inside covers - \$15,000
- _____ Gold Full Page - \$10,000
- _____ Silver Full Page - \$5,000
- _____ Full page - \$2,500
- _____ Half Page - \$1,500
- _____ Quarter Page - \$750

Important Deadlines:
 Electronic invitation recognition – November 1, 2011
 Print invitation recognition – December 15, 2011
 Tribute journal - ad artwork due by January 13, 2012

Ad Specs: Covers & Full Page – 5.121”w x 7.12”h; Half Page – 5.121”w x 3.5”h; Quarter Page – 2.5”w x 3.5”h. Ad copy should be sent electronically as PDF, JPEG or TIFF. All ads must be high resolution (300dpi). Please submit all files to Elaine.Lee@familyequality.org. All ad artwork due by January 13, 2012.

Name: _____
(EXACTLY AS YOU WOULD LIKE IT LISTED IN TRIBUTE JOURNAL)

Contact Person: _____
(IF DIFFERENT FROM ABOVE)

Phone: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please indicate preferred payment method

Check (Please make checks payable to Family Equality Council)

Please charge my/our MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____ CCV# _____

Name as it appears on card: _____

Signature: _____ Date: _____

PLEASE SUBMIT THIS FORM, WITH YOUR PAYMENT BY JANUARY 13, 2012 TO:

Family Equality Council, Attn: Elaine Lee
 PO Box 206, Boston, MA 02133
 Phone: 617.502.8700 x 228 Fax: 617.502.8701 Email: Elaine.Lee@familyequality.org