



Annual Costume Gala
Starring VILLAGE PEOPLE
October 29, 2016 – Rosen Plaza
Sponsorship Opportunities

Contact Mark Cady at 407-875-3700, ext. 3231
or via email at Mark.Cady@AspireHP.org by
September 15, 2016 to become a sponsor.

Presenting Sponsor \$20,000

- Presenting Sponsor logo featured on all event advertising
- 2 front tables of 10 (for 20 guests) at the gala dinner
- Full page ad in program (page 3)
- Group photo with Village People
- Autographed and framed event poster
- 5 raffle tickets per guest
- Ability to place advertising materials on tables

Studio 54 Sponsor \$10,000

- 1 table for 10 guests
- Group photo with Village People
- Autographed event poster
- Full page ad in program
- 3 raffle tickets per guest
- Logo on all marketing material

Copacabana Sponsor \$5,000

- 1 table for 10 people
- Autographed event poster
- Logo on all marketing material
- Full page ad in program
- 1 raffle ticket per guest

Trocadero Sponsor \$2,500

- 1 table for 10 people
- ½ page ad in program
- Logo on marketing material
- 1 raffle ticket per guest

Studio One Sponsor \$1,500

- 1 table for 10 people
- ¼ page ad in program

The 10th Floor Table Sponsor \$1,100 (Save \$150)

- 1 table for 10 people





2016 ANNUAL COSTUME GALA

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Sponsorship Form

Aspire Health Partners, Inc. is a 501(c)3 non-profit organization. Your cash and in-kind contributions are tax deductible. Ads, verbiage and logos for all print materials are appreciated by October 3, 2016.

Sponsorship Levels. Check all that apply

- Presenting Sponsor \$20,000
- Studio 54 Sponsor \$10,000
- Copacabana Sponsor \$5,000
- Trocadero Sponsor \$2,500
- Studio One Sponsor \$1,500
- The 10th Floor Table Sponsor \$1,100 (Save \$150)
- Individual Ticket \$125.00
- Unable to attend. Donation amount \$ _____
- Sent logo/ad to mark.cady@aspirehp.org

Method of Payment

Please make checks payable to Aspire Health Partners

Circle Credit Card Type

Master Card VISA AMEX Discover

Name on Card: _____

Card #: _____

Expiration date: _____

CCV#: _____

Billing address for credit card: _____

Contact Name: _____

Company Name: _____

Phone: _____

Email: _____

It is very important that you register the name(s) of your guests in advance. Please list them below.

Sponsorship logos must be received no later than October 3, 2016. Please send completed form and payment to:

Aspire Health Partners

Attn: Mark Cady

5151 Adanson Street, Orlando, Florida 32804 or scan and email to Mark.Cady@AspireHP.org

You may also fax to: 407-245-0049