

NO BOUNDARIES COALITION'S ANNUAL GALA



A Royal Unmasking
NO BOUNDARIES COALITION 2020 & BEYOND...



SATURDAY, NOVEMBER 9, 2019



**NO BOUNDARIES
COALITION**
OF CENTRAL WEST BALTIMORE

NO BOUNDARIES COALITION'S ANNUAL GALA

A Royal Unmasking

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SATURDAY, NOVEMBER 9, 2019

SPONSORSHIPS

Title Sponsor — \$5,000 (3 available)

- Premiere Ad (back cover, inside cover front, inside back cover)
- 5 VIP Tickets (\$750 value)
- Weekly FB mentions
- Logo and link on event web page
- Recognition during event

Partner — \$2,500

- Full page ad
- 2 VIP Tickets (\$300 value)
- Facebook Mention
- Logo on event web page
- Recognition during event

Supporter — \$1,000

- ½ page ad in program booklet
- 1 VIP ticket (\$150 value)
- Facebook mention
- Logo on event web page
- Recognition during event

Program Ads

- Full Page: \$500
- Half Page: \$250
- Quarter Page: \$75
- Front Inside Cover: "Premiere Ad"
- Back Outside Cover: "Premiere Ad"
- Back Inside Cover: "Premiere Ad"
- Patron Ads: \$25

TICKETING

- **General Admission — \$75** (includes food, two drink tickets & tour)
- **VIP Admission — \$150** (includes valet parking, food, open bar, tour & gift bag)

ADDITIONAL SPONSORSHIPS

Beer Sponsorship (2 Available) \$ _____

- Signage at beverage table
- ½ page ad in program booklet
- Recognition at Event

Wine Sponsorship (2 Available) \$ _____

- Signage at beverage table
- ½ page ad in program booklet
- Recognition at Event

SILENT AUCTION: If you would like to donate an item for our Silent Auction, please let us know. Some of the items already donated include Vacation Packages, Gift Cards, Show Tickets, Gift Baskets, etc.

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NO BOUNDARIES COALITION

1808 PENNSYLVANIA AVE • BALTIMORE, MD 21217 • (410) 800-2452

YES, I will attend the Annual Gala on Saturday, November 9th. Please reserve:

___ Title Sponsor(s) \$5,000 ___ Partner(s): \$2,500 ___ Supporter(s): \$1,000 ___VIP(s): \$150 ___General: \$75

NO, I cannot attend, but I'd like to support No Boundaries Coalition. Enclosed is my donation of \$ _____

NAME

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

CELL PHONE

WORK PHONE

EMAIL

In order to comply with State law, contributors are required to provide their employment information.

EMPLOYER

OCCUPATION

Please make checks payable to: The No Boundaries Coalition or contribute by credit card below.

I would like to make my contribution using my: VISA MasterCard Discover AMEX

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXP DATE

SECURITY CODE

BILLING ADDRESS