

November 16, 2017 – CHIRLA Gala

“Power to the Immigrant Spirit”



CHIRLA
Coalition for Humane
Immigrant Rights

PLEASE complete this form and:

MAIL:
CHIRLA
Attn: Ana Reyes
2533 W. Third St., Ste. 101
Los Angeles, CA 90057

EMAIL: areyes@chirla.org

FAX: 213-353-1344

GUEST LIST: Please email or fax to Ana Reyes.

DIGITAL JOURNAL:
Our digital journal will be on display throughout the event and posted online at CHIRLA.org.

AD SPECS: Please submit your ad via email to areyes@chirla.org in PDF and high resolution format.

For QUESTIONS Call:
213-353-1337

For more information visit:
www.chirla.org

SPONSORSHIP OPPORTUNITIES

- LEGACY Sponsor \$50,000**
 - * 20 VIP reception tickets
 - * Premier seating - 20 guests
 - * Acknowledgement in Press Release
 - * Prominent recognition during ceremony
 - * Full Digital Page Ad
 - * 2 Social Media *Thank You* post
 - * Logo Featured in Gala event webpage
 - * Present award to an honoree
- VISIONARY Sponsor \$25,000**
 - * 14 VIP reception tickets
 - * Premier seating - 14 guests
 - * Acknowledgement in Press Release
 - * Prominent recognition during ceremony
 - * Full Digital Page Ad
 - * 1 Social Media *Thank You* Post
 - * Logo Featured in Gala event webpage
- SUSTAINER Sponsor \$15,000**
 - * 10 VIP reception tickets
 - * Premier seating - 10 guests
 - * Prominent recognition during ceremony
 - * Full Digital Page Ad
 - * Logo Featured in Gala event webpage
- INNOVATOR Sponsor \$5,000**
 - * 10 VIP reception tickets
 - * Prominent recognition during ceremony
 - * Reserved seating - 10 guests
 - * Full Digital Page Ad
- INVESTOR Sponsor \$2,500**
 - * 6 VIP reception tickets
 - * Reserved seating - 6 guests
 - * 1 Full Digital Page Ad
- NONPROFIT Sponsor \$600**
 - * 2 Tickets & 1 Name listing in Digital Program

ADVERTISEMENT & INDIVIDUAL TICKETS

- Full Digital Page Ad \$1,000 (7.5”h X 10”w)
- Half Digital Page Ad \$750 (7.5”h X 5”w)
- Guest Ticket \$200 No. of tickets _____ x \$200 = \$ _____
- CHIRLA Member & Student Ticket \$150 No. of tickets _____ x \$150 = \$ _____

CONTACT & CONTRIBUTION INFORMATION

Name: _____ Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Email: _____

Total Contribution: \$ _____ Check enclosed. (Please make checks payable to: **CHIRLA**)

Please charge the following Credit Card: VISA MasterCard American Express

Name on Card: _____ Expiration Date: _____

Card Number: _____ Card Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____