

2024 Camano Center Gala Auction

September 28, 2024 – The Wonderland Gala

SPONSORSHIP ENROLLMENT FORM

Benefiting the Camano Center with our mission to create and provide opportunities that support healthy aging, independence, and well-being for older adults in our community.

Company Name _____

Contact Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Platinum Sponsor **\$5,000** _____

- Premier Sponsor of the Live Gala Auction and our online gala website
- Your company webpage linked from our website and on our online gala website
- **FULL PAGE AD** in the Auction Catalog (5x8 – Full Color)
- Your business name in all press releases
- Your company banners and promotional materials will be prominently displayed at our event
- The auctioneer will acknowledge your sponsorship during the event
- **Early access to Ticket Purchases**
- ***New – 12 month Business Membership Included***

Gold Sponsor **\$2,500** _____

- Your company webpage linked from our website and on our online gala website
- **AD in Auction Catalog** (5.5x4 Vertical –b/w)
- Your business name in all press releases
- Your company logo prominently displayed at our event, including printed materials
- **Early access to Ticket Purchases**
- ***New – 12 month Business Membership Included***

Silver Sponsor **\$1,500** _____

- Your company webpage linked from our website and on our online gala website
- **AD in Auction Catalog** (3.5x5– b/w)
- Your business name in all press releases
- Your company logo prominently displayed at our event, including printed materials
- **Early access to Ticket Purchases**

Bronze Sponsor **\$750** _____

- Your company webpage linked from our website and on our online gala website
- Your business name in all press releases
- Your company logo prominently displayed at our event, including printed materials
- **Early access to Ticket Purchases**

PAYMENT TYPE, (please check one) Cash _____ Check _____ (**payable to: CSSA**)

Credit Card (circle type) VISA _____ MASTERCARD _____

Credit Card Number _____ **Expires** _____ **CID #** _____

Donor Signature: _____

Return this form to *Cindy Hand*, Development Director at the Camano Center, 606 Arrowhead Rd Camano Is, WA 98282
or e-mail to chand@camanocenter.org Call with questions: 360-387-0222

Thank you for your sponsorship. We are a 501c3 non-profit status. All donations are tax-deductible to the extent provided by the law. Federal Tax ID # 91-1172309. Please make a copy of this form for your IRS records.