



Celebrating 40 Years of Service to the Community!

2018 "Enriching Lives" Award Gala

Friday, April 27, 2018 Skirball Cultural Center, Ahmanson Room 6:00 pm – 9:00 pm

presenting the

"Enriching Lives Award" to Chris Wing, CEO SCAN Health Plan

"Enriching Communities Award" to Grandpoint Bank

"Trailblazer Award" to The Grant Family

___ Please check here if you would prefer to make a pledge in 2017 and be invoiced in February 2018

___ **JOINING OLD AND YOUNG SPONSOR \$25,000**

Table of ten with preferred seating, bottle of champagne, two full page color ads in the Digital Tribute Journal, recognition as sponsor during gala media presentation, and recognition on our building Donor Wall

___ **HEALTH AND WELLNESS SPONSOR \$10,000**

Table of ten with preferred seating, 12 month recognition on ONEgeneration's website, two full page color ads in the Digital Tribute Journal, recognition as sponsor during gala media presentation

___ **SENIOR ENRICHMENT SPONSOR \$ 5,000**

Table of ten with preferred seating, one full color page ad in the Digital Tribute Journal, recognition as sponsor during media presentation

___ **SHARE THE CARE SPONSOR \$2,500**

Table of ten and full page color ad in the Digital Tribute Journal

___ **FAMILY AND FRIENDS SPONSOR \$1,000**

4 tickets and half page ad in the Digital Tribute Journal

TICKET INFORMATION

___ \$700 two tickets and one half page ad in the Digital Tribute Journal

___ \$250 single ticket

The Commemorative Tribute book will be presented in a virtual format, screened during the dinner and

Attached to our web site for three months following the 2018 Gala

___ Full Color Page Portrait \$450 (11"h x 8.5"w) ___ Half Color Page \$300 (5.5" h x 8.5" w)

Deadline for digital program book ad copy is March 31, 2018. Contact Sue Sexton at event@ONEgeneration.org

PLEASE LIST YOUR NAME EXACTLY HOW YOU WANT TO BE LISTED IN THE TRIBUTE BOOK

Name _____ Company _____

Title _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Name of Person responsible for ad contact _____

Email of contact _____

Enclosed is my Check in the amount of \$ _____ Please Make Checks Payable to: ONEgeneration

This Is My Pledge for \$ _____ Please invoice me/my company at the above address

Please Bill My ___ MasterCard ___ VISA ___ American Express

Credit Card # _____ expiration date _____

CVV _____

Name on Credit Card (Please Print) _____

Authorized Signature _____

Billing Address on Card _____

RETURN/EMAIL/MAIL THIS FORM TO: ONEgeneration 17400 Victory Blvd., Van Nuys, CA 91406, 818.708.4756

event@onegeneration.org Fax: 818.708.6620

ONEgeneration is a non-profit agency. Our Federal Tax I.D # 95-4066979. Contributions are tax deductible and receipts will be mailed following the event.