

Oakdale Awards Banquet

Friday, March 11th, 2022

6-9PM

Gene Bianchi Community Center, 110 S. Second Ave, Oakdale, CA

Sponsorship Opportunities

Area Package Sponsorship Opportunities				
<input type="checkbox"/> Photograph Sponsor	Company Name/Logo Displayed in all recipients' photos <i>plus</i> Platinum Sponsor			\$2,000
<input type="checkbox"/> Podium Sponsor	Company Name/Logo Displayed on Podium Banner <i>plus</i> Gold Sponsor			\$1,750
<input type="checkbox"/> Centerpieces Sponsor	Company Name/Logo Displayed on all Centerpieces <i>plus</i> Gold Sponsor			\$1,500
<input type="checkbox"/> Beverage Sponsor	Company Name/Logo Displayed at Beverage Area <i>plus</i> Silver Sponsor			\$1,250
Sponsor Benefits	Platinum Sponsor <input type="checkbox"/> \$1,000	Gold Sponsor <input type="checkbox"/> \$750	Silver Sponsor <input type="checkbox"/> \$500	Bronze Sponsor <input type="checkbox"/> \$250
Advertisement Slide	X	X		
Recognition in E-Newsletter	X	X		
Admission Tickets	VIP Table	4	2	
Advertisement in Program	Full Page	1/2 Page	1/3 Page	
Recognition on Social Media	X	X	X	
Recognition on Chamber Website	Logo w/link	Logo	Listed	Listed
Recognition in program	Logo	Listed	Listed	Listed

Program Ad: ☐ \$75 - Full Page (4.5x7.5) ☐ \$55 - 1/2 Page (4.5x4.75) ☐ \$35 - 1/3 Page (4.5x2.5)

<input type="checkbox"/>	Provide Item for Silent Auction (Valued \$50 & Above)
<input type="checkbox"/>	<ul style="list-style-type: none"> Company recognition in program Company information with item

- ☐ \$375 - VIP Table (Reserved for 8 with 1 bottle of your choice Red or White Wine)
- ☐ \$40 per person - Additional Admission x ____ (\$50 @ the door)

Business: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ Email/Phone: _____

Method of Payment:

TOTAL: _____

☐ Check enclosed: Payable to the **Oakdale Chamber of Commerce**

☐ Credit Card: **(Signature for credit card payment)**

Signature: _____ Date ____/____/____

Thank you for your support!

Credit Card Information:

Cardholder Name: _____

Mailing address for card / Zip: _____

Credit Card No.: _____

Expiration date: _____ CVV: _____