

Some Enchanted Evening

benefiting H.E.L.P. and honoring

Toyota Motor Sales, U.S.A. ~ The Scriba Family ~ Rod Burkley

Friday, July 18, 2008 at the Redondo Beach Historic Library

- DIAMOND SPONSOR \$ 25,000
 - Two tables of ten with premier seating
 - Back cover ad of program book
 - Opportunity to make remarks from the podium
 - Premier recognition on H.E.L.P.'s major donor wall, on website and in magazine
- EMERALD SPONSOR \$ 10,000
 - Two tables of ten with premium seating
 - Premium full page ad in program book
 - Premium recognition on H.E.L.P.'s major donor wall, on website and in magazine
- SAPPHIRE SPONSOR \$ 5000
 - Table of ten with priority seating
 - Priority full page ad in program book
 - Priority recognition on H.E.L.P.'s major donor wall, on website and in magazine
- RUBY SPONSOR \$ 2500
 - Five tickets with preferred seating
 - Full page ad in program book
 - Recognition on H.E.L.P.'s major donor wall, on website and in magazine
- PEARL SPONSOR \$ 1000
 - Two tickets with preferred seating
 - Half page ad in program book
 - Recognition on H.E.L.P.'s major donor wall, on website and in magazine

In addition, all Sponsors will receive recognition on event signage and in media releases and advertising, and will receive a special invitation to our annual major donor appreciation reception.

- _____ INDIVIDUAL TICKETS @ \$150
- I/we cannot attend, but would like to make a tax-deductible contribution to H.E.L.P.

TRIBUTE ADS IN PROGRAM BOOK

- Premium full page \$ 3000
- Priority full page \$ 2000
- Full page \$ 1000
- Half page \$ 500
- Quarter page \$ 250
- Please set my ad for me:
 - My personal message is enclosed.
 - I will submit my message at a later date.
 - I will be submitting a prepared ad. Please e-mail me the specifications.

Note that all ad materials must be received by Monday, June 30, 2008.

- Enclosed is my check for \$ _____ payable to H.E.L.P.
- Please charge my Visa MasterCard American Express the amount of \$ _____.
Account # _____ Exp. _____ 3-digit code on back of card _____
Name on card _____ Signature _____

List name as _____
Company/Organization _____
Contact (if other than above) _____
Address _____
City _____ State _____ Zip _____
Phone (day) _____ (evening) _____ Fax _____
Email _____

Please mail or fax to: H.E.L.P.

1404 Cravens Avenue, Torrance, California 90501

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Healthcare and Elder Law Programs Corporation is a 501(c)(3) non-profit. Tax ID 33-0658322.
Your allowable charitable deduction is the amount over \$70 per person for dinner.