

OPERATION: *Children* A NIGHT IN MONTE CARLO

October 9th, 2010 • Riviera County Club • Pacific Palisades, CA

EVENT TICKETS

		Quantity	Total
___ Ticket(s)	\$150 each	_____	\$ _____
___ Table(s) for 10	\$1,500 each	_____	\$ _____

SPONSORSHIP OPPORTUNITIES

___ Platinum Star	\$5,000	Twenty seats, wine with dinner, full inside-front-cover ad**, preferred seating*
___ Golden Star	\$2,500	Ten seats, wine with dinner, full inside-back cover ad**, preferred seating*
___ Silver Star	\$1,500	Six seats, ½ page ad*
___ Emerald Star	\$1,000	Four seats, 1/4 page ad*
___ Shining Star	\$ 500	Two seats, business card ad*

**All Sponsorship levels also include the following:*

Event signage, newsletter and Donor Honor Roll listing, recognition in all Press releases and recognition on our Web Site.

***Reserved for First-Response: Two-page spread ad if inside covers already taken.*

To donate items for the Auction or Casino raffle, contact Patricia Daily, Solicitations (818) 784-2606 or email Patricia@OperationChildren-la.org. Donors will receive event listing in the souvenir program on items received by October 2nd, 2010.

RAFFLE TICKETS: Donation \$10.00 per ticket, 5 tickets for 40.00 or 10 tickets for \$75.00.

___ Ticket(s) Total \$ _____

SOUVENIR PROGRAM: ADVERTISING & TRIBUTE OPPORTUNITIES:

_____ Full-page ad - \$150 (5 ½" x 7")	_____ Quarter-page ad - \$50 (2 ¾" x 3 1/2")
_____ Half-page ad - \$75 (5 ½" x 3 1/2")	_____ Business card ad - \$25 (2 ¾" x 1 ¾")

(AD Deadline is Monday, September 20th, 2010. You will be contacted for artwork)

Inquiries: 310-922-7476 (Joyce Essex-Harvey) E-mail: Joyce@OperationChildren-la.org

Late ads accepted from Sept. 21st thru Oct. 1st add \$50.00 per ad

Name: _____

Name you would like to appear in program, if applicable: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

E-mail: _____

___ Please accept my check made payable to: Operation Children

___ Please charge \$ _____ to my: ☐ Visa ☐ MasterCard

Card number _____ Expiration Date: _____

Signature _____

Name as it appears on card: _____

Please list your table guest(s): _____

OPERATION: *Children*

8950 W. Olympic Blvd., #377, Beverly Hills, CA 90211-3574 Linda Holcombe, Event Chair: 310-963-8506

www.operationchildren-la.org Federal Tax ID# 95-3950503