



THE GATHERING for the GRAND LIVE! TRIBUTE CONCERT SERIES SUPPORTER SIGN UP

I WOULD LIKE TO BE A SPONSOR AT THE FOLLOWING LEVEL:

(ALL SPONSOR BENEFITS LISTED ON OPPOSITE SIDE.)

- O DIAMOND \$20,000 - Includes Full Page Color Ad (5" w x 8" h)
- O PLATINUM \$10,000 - Includes Full Page Color Ad (5" w x 8" h)
- O GOLD \$5,000 - Includes Half Page Color Ad (5" w x 3.937" h)
- O SILVER \$3,500 - Includes Quarter Page Color Ad (2.437" w x 3.937" h)
- O ROW \$2,500 - Includes listing in Thank You's

OTHER OPPORTUNITIES TO PARTICIPATE:

CONCERT PROGRAM ADVERTISEMENT (Book Size: 5.5" w x 8.5" h / Distributed at all 3 concerts. Add \$50 for color.)

- O \$2000 Outside back Cover (5.5" w x 8.5" h, full bleed, color)
- O \$1,500 Inside Cover or Full Page in Center Spread (5" w x 8" h, color)
- O \$1,000 Full Page (B&W 5" w x 8" h)
- O \$500 Half Page (B&W 5" w x 3.937" h)
- O \$250 Quarter Page (B&W 2.437" w x 3.937" h)

VIP TICKET PACKAGES:

Buy the series now for a discount! Single VIP Tickets on sale for \$90.

O Yes, I/we will attend all three concerts at the VIP Level. (Please list additional guests on separate page.)

_____ Non-Member Guests x \$250 = \$_____ (A \$20 discount)

_____ GVF Member Guests x \$240 = \$_____ (A \$30 discount)

For membership rate to apply, the buyer must be an active Grand Vision member but their guests don't have to be.

For membership information, call 310.833.4813, email info@grandvision.org or join at www.grandvision.org.

O No, I/we will not be able to attend the Gathering for the Grand Live Concert Series.

Please accept our donation of \$_____

EACH VIP TICKET INCLUDES:

- One Premium Orchestra Seat*
- Invitation to VIP Pre-Concert Reception from 6-8 pm with appetizers & one comp drink per guest
- Access to private no host bar before concert & during intermission

ARTWORK & PAYMENT DUE: 12/3/18

Email all ad files in JPG, TIF, (300 dpi) PDF or EPS formats to amanda@grandvision.org. For questions: Amanda - 310.833.4813

Name: (as you want it to appear in published materials): _____

Company: _____ **Email:** _____

Address: _____ **Phone:** _____

City, State, Zip: _____ **Fax:** _____

O My check is enclosed. (Please make checks payable to Grand Vision Foundation) OR

O Please bill my (Circle One) Visa Mastercard Amex

Account #: _____ **Exp. Date:** _____ **Security Code:** _____

Name on Credit Card: _____ **Signature:** _____

Return to: Grand Vision, 434 W. 6th St. San Pedro, CA 90731 or by fax: 310.833.6362. Or, we can invoice you.

*PREMIUM ORCHESTRA SEATS CONSIST OF ROWS XX-M (FRONT ROWS) BEST AVAILABLE AT TIME OF PURCHASE.