# INTERNATIONAL BIPOLAR FOUNDATION FUNDRAISER



# SPONSORSHIP AND ADVERTISING OPPORTUNITIES

LEVEL	BENEFITS	
PRESENTING SPONSOR \$50,000	<ul> <li>10 guest tickets</li> <li>Logo or family name on event signage</li> <li>Full page (or ½-1/4) color tribute in program</li> <li>Logo or family name on invitation (as available)</li> <li>Logo or family name on website and within e-blasts (lyr)</li> <li>Transportation for four, to and from event in San Diego</li> <li>Sole recognition on back cover of our Healthy Living with Bipolar Disorder book (electronic and hard copy). Healthy Living with Bipolar Disorder is distributed worldwide to patients, caregivers, clinical offices, facilities and libraries with over 1,000,000 impressions annually. (lyr)</li> </ul>	
STARRY NIGHT SUPPORTER \$25,000+	- 10 guest tickets - Logo or family name on event signage - Full page (or ½-1/4) color tribute in program - Logo or family name on invitation (as available) - Logo or family name on website and within e-blasts (lyr) - Transportation for four, to and from event in San Diego	
VAN GOGH'S CIRCLE \$10,000+	<ul> <li>10 guest tickets</li> <li>Name and/or logo featured on event signage</li> <li>Full page color program ad</li> <li>Your name and/or logo on invitation (as available)</li> <li>Transportation for four, to and from event in San Diego</li> </ul>	
GENIUS SPONSOR \$5,000+	guest tickets ame and/or logo featured on event signage ne-half page color program ad our name on the invitation (as available)	
CREATIVE CHAMPION \$1,000+	<ul><li>2 guest tickets</li><li>Name and/or logo featured on event signage</li><li>One-quarter page color program ad</li><li>Your name on the invitation (as available)</li></ul>	

# STEP ONE: COMMITMENT INFORMATION

WE WILL SPONSOR AT THE FOLLOWING LEVEL: (check one)

- O Presenting Sponsor (\$50,000)
- O Starry Night Supporter (\$25,000+)
- O Van Gogh's Circle (\$10,000+)
- O Genius Sponsor (\$5,000+)

Name or Company Name

O Creative Champion (\$1,000+)

# Starry Night

## STEP TWO: CONTACT INFORMATION

Name of Company Name		
Billing Address		
		Zip Code
Phone IPhone 2		
Email		
STEP THREE: PAYMENT INFORMATION		
O Credit Card O Please Bill Me O Check Enclosed		
O Other		
O MasterCard O Visa O American Express O Discover	Card Exp. Date_	
Credit Card Number		_CVC#
Authorized Signature		
Gift will be matched by (company/family/foundation)		
Please provide the following name(s) in all acknowledgeme	ents or <mark>O</mark> Gift is	anonymous
Signature(s)	Date	e
Please make checks, corporate matches, or other gifts p International Bipolar Foundation, 1050 Rosecrans Street	•	Diego, CA 92106
Mail or email copy, photo/artwork to Natalie Lima at the a Artwork specifications: Full page 1/2 page 1/4 p - Half Page: 5.25" x 3.95" - NO BLEED; NO CROPS - Quarter Page: 2.5" x 3.95" - NO BLEED; NO CROPS - Full Page: 6.125" x 9.25" - BLEED .125"; ADD CROPS		r at nlima@ibpf.org.

## REGISTRATION ONLINE: www.ibpf.org

Please join us and help make a difference in the lives of others. Thank you for your consideration and we look forward to your positive response. Contributions of any amount are greatly appreciated. Benefits apply to monetary donations only. A portion of each ticket is tax deductible. Tax ID #26-3889828

International Bipolar Foundation empowers individuals living with bipolar disorder and their caregivers by providing advocacy, education, support, and awareness—fostering a caring community and stigma-free world where mental health is equitably acknowledged and treated.

