INTERNATIONAL BIPOLAR FOUNDATION FUNDRAISER

SPONSORSHIP AND ADVERTISING OPPORTUNITIES

LEVEL	BENEFITS
PRESENTING SPONSOR $50,000	- 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 (1yr) - Transportation for four, to and from event in San Diego - 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.* (1yr)
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 (1yr) - Transportation for four, to and from event in San Diego
VAN GOGH'S CIRCLE $10,000+	- 10 guest tickets - Name and/or logo featured on event signage - Full page color program ad - Your name and/or logo on invitation (as available) - Transportation for four, to and from event in San Diego
GENIUS SPONSOR $5,000+	- 10 guest tickets - Name and/or logo featured on event signage - One-half page color program ad - Your name on the invitation (as available)
CREATIVE CHAMPION $1,000+	- 2 guest tickets - Name and/or logo featured on event signage - One-quarter page color program ad - Your name on the invitation (as available)

Starry Night

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+)
- O Creative Champion ($1,000+)

STEP TWO: CONTACT INFORMATION

Name or Company Name_____

Billing Address_____

City_____State_____Zip Code_____

Phone 1_____Phone 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 acknowledgements or O Gift is anonymous

_____

_____

Signature(s)_____Date_____

Please make checks, corporate matches, or other gifts payable to:
International Bipolar Foundation, 1050 Rosecrans Street, Suite M, San Diego, CA 92106

Mail or email copy, photo/artwork to Natalie Lima at the above address or at nlima@ibpf.org.
Artwork specifications: Full page_____ 1/2 page_____ 1/4 page_____
- 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

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.

INTERNATIONAL BIPOLAR FOUNDATION

A WORLD OF HOPE, RESOURCES, AND SUPPORT