

# Starry Night

## SPONSORSHIP OPPORTUNITIES

LEVEL		BENEFITS
<b>STARRY NIGHT SUPPORTER \$25,000+</b>		10 guest tickets - Logo or family name featured on event signage - Full page recognition in program - Logo or family name on invitation (as available) - Logo or family name on website and within e-blasts (1yr)
<b>VAN GOGH'S CIRCLE \$10,000+</b>		10 guest tickets - Logo or family name featured on event signage - Full page recognition in program - Logo or family name on invitation (as available)
<b>GENIUS SPONSOR \$5,000+</b>		10 guest tickets - Logo or family name on event signage - One-half page recognition in program - Logo or family name on invitation (as available)
<b>CREATIVE CHAMPION \$1,000+</b>		2 guest tickets - Logo or family name featured on event signage - One-quarter page recognition in program - Logo or family name on invitation (as available)

STEP ONE: COMMITMENT INFORMATION

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



Starry Night Supporter (\$25,000+)     Van Gogh's Circle (\$10,000+)

Genius Sponsor (\$5,000+)     Creative Champion (\$1,000+)

STEP TWO: CONTACT INFORMATION

Name or company name \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

STEP THREE: PAYMENT INFORMATION

Credit Card     Please Bill Me     Check Enclosed

Other \_\_\_\_\_

Master Card     Visa     American Express     Discover

Credit Card Number \_\_\_\_\_ CVC \_\_\_\_\_

Exp. Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Please provide the following name(s) in all acknowledgments or  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 Jake Volo to the above address or to [jvolo@ibpf.org](mailto:jvolo@ibpf.org).

Artwork specifications:

- Full Page: 6.125" x 9.25" - BLEED .125"; ADD CROPS
- Half Page: 5.25" x 3.95" - NO BLEED; NO CROPS
- Quarter Page: 2.5" x 3.95" - NO BLEED; NO CROPS

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.



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## SPONSORSHIP OPPORTUNITIES

### LEVEL

### BENEFITS

**CREATIVE  
CHAMPION**  
\$1,000+

2 guest tickets - Logo or family name featured on event signage - One-quarter page recognition in program - Logo or family name on invitation (as available)

**STARLIGHT  
SPONSOR**  
\$500+

2 guest tickets - Logo or family name featured on event signage - recognition in program - Logo or family name on invitation (as available)

**MASTERPIECE  
MAKER**  
\$300+

2 guest tickets - Logo or family name featured on event signage - recognition in program

**LUMINARY  
DONOR**  
\$100+

Experience Starry Night with 2 guest tickets

STEP ONE: COMMITMENT INFORMATION

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



Creative Champion (\$1,000+)

Starlight Sponsor (\$500+)

Masterpiece Maker (\$300+)

Luminary Donor (\$100+)

STEP TWO: CONTACT INFORMATION

Name or company name \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

STEP THREE: PAYMENT INFORMATION

Credit Card  Please Bill Me  Check Enclosed

Other \_\_\_\_\_

Master Card  Visa  American Express  Discover

Credit Card Number \_\_\_\_\_ CVC \_\_\_\_\_

Exp. Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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