

# Lancaster Museum & Public Art Foundation

## *gala & auction*

### Sponsor Opportunities

#### ***Masked Presenting Sponsor - \$10,000 and Above***

- Event Admission for 10
- Prominent Reserved Seating
- MOAH Signature Item for 10 Guests
- Champagne with White Glove Service
- Listing as the Presenting Sponsor of the *Masked Gala*
- Recognition in Press Releases, Advertisements and Promotional Materials
- Full Page Integrated Advertisement in Event Program
- Recognition as Presenting Sponsor at Event

#### ***Master of Disguise - \$5,000 and Above***

- Event Admission for 8
- Reserved Seating
- MOAH Signature Item for 8 Guests
- Champagne on Table
- Recognition in Press Releases, Advertisements and Promotional Materials
- Full Page Advertisement in Event Program
- Recognition as Event Sponsor at Event

#### ***Illusionist - \$2,500 and Above***

- Event Admission for 6
- MOAH Signature Item for 6 Guests
- Champagne on Table
- Recognition in Press Releases, Advertisements and Promotional Materials
- Half Page Advertisement in Event Program
- Recognition as Event Sponsor at Event

#### ***Phantom - \$1,250 and Above***

- Event Admission for 4
- Champagne on Table
- Recognition in Press Releases, Advertisements and Promotional Materials
- Quarter Page Advertisement in Event Program
- Recognition as Event Sponsor at Event

#### ***Specter - \$500 and Above***

- Event Admission for 2
- Champagne on Table
- Recognition in Press Releases, Advertisements and Promotional Materials
- Business Card Size Advertisement in Event Program
- Recognition as Event Sponsor at Event

***Deadline September 30, 2017***

Post Office Box 304, Lancaster, California 93584 • (661) 723-6087v

# Lancaster Museum & Public Art Foundation Gala

## **MASKED**

*Carnivale gala*

October 21, 2017

### Auction Donation Form

DONOR: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DONATED ITEM: \_\_\_\_\_ ITEM VALUE: \$ \_\_\_\_\_

GIFT CERTIFICATE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CASH CONTRIBUTION: \$ \_\_\_\_\_

**DESCRIPTION DETAILS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESTRICTIONS (Number of persons, time of year, geographical limitations, etc.): \_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION FOR CASH CONTRIBUTIONS**

**METHOD OF PAYMENT**

CHECK ENCLOSED: \$ \_\_\_\_\_ (PLEASE MAKE PAYABLE TO LMPAF)

BILL MY CREDIT CARD: \$ \_\_\_\_\_  VISA  MASTER CARD  AMEX  DISCOVER

CARD NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ CVC CODE: \_\_\_\_\_

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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