Gala ELEVATE

ARMENIAN AMERICAN MUSEUM

Sunday, March 19, 2023
4:30PM Reception
6:00PM Dinner & Program

Fairmont Century Plaza
Los Angeles, California

ARMENIAN AMERICAN MUSEUM ELEVATE GALA SPONSORSHIP LEVELS

	Platinum $100,000	Gold $50,000	Silver $25,000	Bronze $15,000	Table $5,000
Gala Invitations	Twenty (20) Invitations	Twenty (20) Invitations	Ten (10) Invitations	Ten (10) Invitations	Ten (10) Invitations
Gala Seating Type	Two (2) Elevate Tables	Two (2) Signature Tables	One (1) VIP Table	One (1) Premium Table	One (1) Preferred Table
Program Book Recognition	✓	✓	✓	✓	✓
Program Book Ad	Premium Page	Full Page	Full Page	Half Page	
Membership	Benefactors	Legacy Council	Heritage Council	Ambassador's Circle	
Donor Wall Recognition	✓	✓	✓	✓	
Social Media Recognition	✓	✓	✓	✓	
Email Blast Recognition	✓	✓	✓		
Press Release Recognition	✓	✓	✓		
Digital Screen Recognition	✓	✓	✓		
Step & Repeat Recognition	✓	✓	✓		
Dinner Sponsor Recognition	✓				

PLEASE MAKE CHECKS PAYABLE TO "ARMENIAN AMERICAN MUSEUM"

116 North Artsakh Avenue, Suite 205, Glendale, CA 91206

The Armenian American Museum and Cultural Center of California is a 501(c)(3) Non-Profit Organization.
Your contribution is tax-deductible to the extent allowed by law. Federal Tax ID: 47-2465341.

RESERVE YOUR GALA SPONSORSHIP, TICKETS & PROGRAM BOOK AD BY FEBRUARY 15, 2023

Major Gifts Director Mary Khayat | (818) 644-2073 | Mary@ArmenianAmericanMuseum.org
www.ArmenianAmericanMuseum.org

ARMENIAN AMERICAN MUSEUM ELEVATE GALA SPONSORSHIP FORM

- ☐ **Platinum Sponsor $100,000**
- ☐ **Gold Sponsor $50,000**
- ☐ **Silver Sponsor $25,000**
- ☐ **Bronze Sponsor $15,000**
- ☐ **Table Sponsor $5,000**
- ☐ **Full Page Ad $2,000**
- ☐ **Half Page Ad $1,000**
- ☐ **Individual Tickets $350** Qty: _____
- ☐ **Make a Donation** We will not be able to attend the Gala but wish to contribute. **Amount:** $ _____
- ☐ **Dedicate Your Donation** **In Honor Of:** _____ **In Memory Of:** _____

NAMING OPPORTUNITIES AVAILABLE! Please contact us for more information.

TOTAL AMOUNT	$

CONTACT INFORMATION

Name _____

Organization/Business _____

Street Address _____

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Card Number _____ Expiration _____ / _____

Name on Card _____ CCV Code _____

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Signature _____ Date _____

PROGRAM BOOK RECOGNITION NAME

PROGRAM BOOK AD MESSAGE

ADDITIONAL COMMENTS

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