

Gala HORIZON



Saturday, May 11, 2024

4:30PM Pre-Reception

6:00PM Dinner & Program

8:15PM Post-Reception

InterContinental Los Angeles Downtown
Los Angeles, California

ARMENIAN AMERICAN MUSEUM HORIZON 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) Horizon 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 APRIL 30, 2024

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

ArmenianAmericanMuseum.org

ARMENIAN AMERICAN MUSEUM HORIZON GALA SPONSORSHIP FORM

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

NAMING OPPORTUNITIES CURRENTLY AVAILABLE! Please contact us for more information.

TOTAL AMOUNT

\$ _____

CONTACT INFORMATION

Name _____

Organization/Business _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

BILLING INFORMATION

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Signature _____ Date _____

PROGRAM BOOK PREFERRED RECOGNITION NAME

PROGRAM BOOK CONGRATULATORY AD MESSAGE

ADDITIONAL COMMENTS

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