

# SPONSORSHIP OPPORTUNITIES

Alzheimer's | ORANGE COUNTY



LIGHTS, CAMERA, ACTION FOR ALZHEIMER'S

**November 15, 2025**

**VEA NEWPORT BEACH  
900 NEWPORT CENTER DR**

**TICKETS & SPONSORSHIP CAN BE  
PURCHASED ONLINE AT [WWW.ALZOC.ORG/GALA](http://WWW.ALZOC.ORG/GALA)**

Alzheimer's | ORANGE COUNTY



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# UNDERWRITING OPPORTUNITIES

NOVEMBER 15, 2025 | VEA NEWPORT BEACH

## BAR & WINE SPONSOR

**\$7,500**

- \* Logo on Cocktail Napkins at Bar
- \* Logo on Sign at Bars
- \* Half Page Ad on Digital Program
- \* 1 General Social Media Post
- \* Logo and Link on Event Website
- \* Recognition on Event E-communications
- \* Recognition on Digital Program
- \* 2 Tickets to Event

## VALET SPONSOR

**\$7,500**

- \* 1 Sponsor Provided Handout at Valet
- \* 1 General Social Media Post
- \* Logo and Link on Event Website
- \* Recognition on Event E-communications
- \* Recognition on Digital Program
- \* 2 tickets to Event

## MOBILE BIDDING SPONSOR

**\$5,000**

- \* Stage Recognition
- \* Logo on Mobile Bidding Application
- \* 1 General Social Media Post
- \* Logo on Event Website
- \* Recognition on Event E-communications
- \* Recognition on Digital Program
- \* 2 tickets to Event

## DECOR SPONSOR

**\$5,000**

(2 Available)

- \* Full Page Ad on Digital Program
- \* 1 General Social Media Post
- \* Logo and Link on Event Website
- \* Recognition on Event E-communications
- \* Recognition on Digital Program
- \* 2 Tickets to Event

## ENTERTAINMENT SPONSOR

**\$3,500**

(2 Available)

- \* 1 General Social Media Post for Event
- \* Name on Event Website
- \* Recognition on Event E-communications
- \* Recognition on Digital Program
- \* 2 tickets to Event

ALZOC.ORG/GALA | 2515 MCCABE WAY #200 IRVINE, CA 92614 | PHONE: 949.955.9000 | FAX: 949.757.3700

Your gift to Alzheimer's Orange County is tax-deductible as allowed by law,  
as Alzheimer's Orange County is a non-profit 501(c)3, Tax ID 95-3702013



# SPONSORSHIP OPPORTUNITIES

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\*Please note, sponsors must submit their logo/name at least 2 business days before the following dates to receive recognition in the paper/ electronic invitation:

9/1 - Print Invite, 9/16 - E-invite blast, 10/2 - E-invite blast

## PRESENTING SPONSOR

**\$50,000**

- \* 1 Night Suite at VEA
- \* 2 VIP Tables of 10
- \* Stage Recognition
- \* Gobo Spotlight

- \* Logo / Name Recognition on Invitation\*
- \* Recognition on All Event Signage
- \* 2 Dedicated Social Media Posts
- \* Recognition on Event E-communications

- \* Logo and Link on Event Website
- \* Full Page Ad in Digital Program

## PRIME TIME SPONSOR

**\$25,000**

- \* 1 Premier Table of 10
- \* Stage Recognition
- \* Logo / Name Recognition on Invitation\*

- \* Recognition on All Event Signage
- \* 2 Dedicated Social Media Posts
- \* Recognition on Event E-communications

- \* Logo and Link on Event Website
- \* Full Page Ad in Digital Program

## STUDIO SPONSOR

**\$15,000**

- \* 1 Table of 10
- \* Stage Recognition
- \* Logo / Name Recognition on Invitation\*

- \* Recognition on All Event Signage
- \* 1 General Social Media Post
- \* Recognition on Event E-communications

- \* Logo and Link on Event Website
- \* Full Page Ad in Digital Program

## BROADCAST SPONSOR

**\$10,000**

- \* 1 Table of 10
- \* Stage Recognition

- \* Name Recognition on Invitation\*
- \* Recognition on Event E-communications

- \* Name on Event Website
- \* Recognition in Digital Program

## FEATURE SPONSOR

**\$7,500**

- \* 6 Tickets to the Event
- \* Recognition on Event E-communications

- \* Name and Link on Event Website
- \* Recognition in Digital Program

## SPOTLIGHT SPONSOR

**\$5,000**

- \* 4 Tickets to the Event
- \* Recognition on Event E-communications

- \* Name on Event Website
- \* Recognition in Digital Program

## APPLAUSE SPONSOR

**\$2,500**

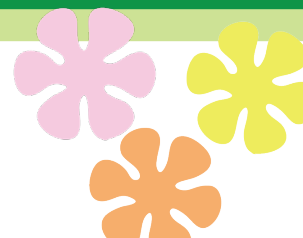
- \* 2 Tickets to the Event

\*Available after September 1st pending availability

- \* Recognition in Digital Program

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# SPONSORSHIP REGISTRATION

NOVEMBER 15, 2025 | VEA NEWPORT BEACH

Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website URL: \_\_\_\_\_

## SPONSORSHIP LEVEL



**Presenting**  
\$50,000+



**Prime Time**  
\$25,000+



**Studio**  
\$15,000+



**Broadcast**  
\$10,000+



**Feature**  
\$7,500+



**Spotlight**  
\$5,000+



**Applause**  
\$2,500+

## UNDERWRITING OPPORTUNITY



**Bar & Wine**  
\$7,500+



**Valet**  
\$7,500+



**Decor**  
5,000+



**Mobile Bidding**  
\$5,000+



**Entertainment**  
\$3,500+

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

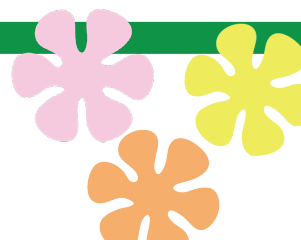
Signature: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

**FOR ADDITIONAL INFORMATION, EMAIL [JESSICA.MARTIGNETTI@ALZOC.ORG](mailto:JESSICA.MARTIGNETTI@ALZOC.ORG)**

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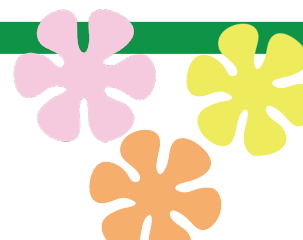
# AUCTION DONATION FORM

NOVEMBER 15, 2025 | VEA NEWPORT BEACH

<b>Donor's Name (as you would like to be recognized):</b>	<b>Business/Contact Name:</b>
<b>Street Address:</b>	<b>City/State/Zip:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Item Description (Continue on back or attach an additional sheet):</b>	
<b>Item Restrictions (Black out dates, expirations, age limits, etc.):</b>	
<b>Estimated Value:</b>	<b>Please Check One:</b>
  	<input type="checkbox"/> Donation Enclosed <input type="checkbox"/> To Be Delivered <input type="checkbox"/> To Be Picked Up <input type="checkbox"/> Please Create Certificate

**PLEASE MAIL, EMAIL, OR FAX THE COMPLETED FORM TO:**

ALZHEIMER'S ORANGE COUNTY  
 2515 MCCABE WAY, SUITE 200, IRVINE, CA 92614 | MELISSA.ANDERSON@ALZOC.ORG  
 ALZOC.ORG/GALA | PHONE: 949.955.9000 | FAX: 949.757.3772



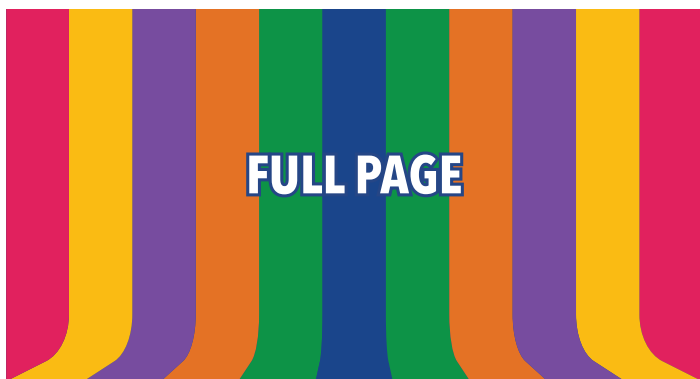


# DIGITAL PROGRAM AD FORM

NOVEMBER 15, 2025 | VEA NEWPORT BEACH

## FULL PAGE AD \$1,000

16" WIDE X 9" HIGH  
(1920 X 1080PX)



## HALF PAGE AD \$500

8" WIDE X 9" HIGH  
(960 X 1080PX)



- \* All program ads must be submitted by October 18, 2025
- \* Artwork must be in color and in 300 dpi .pdf, .jpg, or .eps

- \* No bleeds, crop marks, or outlines around the edges of the ad
- \* This program will be looping on screens during the entire gala

☐ I will create my own ad

☐ Please create my ad with the following message: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Enclosed is a check payable to Alzheimer's Orange County (Checks are preferred)

☐ Please bill my AMEX, Visa, MasterCard, or Discover

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUBMIT YOUR DIGITAL PROGRAM AD (HIGHER RES JPEG, PDF, OR EPS)**

BY OCTOBER 18, 2025 TO [EVENTS@ALZOC.ORG](mailto:EVENTS@ALZOC.ORG)

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