

Philadelphia FIGHT & the AIDS Law Project of Pennsylvania present

An Evening of Remembrance & Gratitude

FRIDAY, DECEMBER 4th / 6 – 9 PM / LOCATION TBD

SPONSORSHIP LEVEL COMMITMENTS AND AD MATERIALS / DUE BY WEDNESDAY, NOVEMBER 4, 2026

DIAMOND LEVEL | \$20,000 CONTRIBUTION INCLUDES:

- 20 tickets
- Easel display
- Inside front cover full page color ad in event program
- Social media promotion
- Prominent logo recognition/website, e-newsletter, promotion and advertising
- Logo will be most prominent

PLATINUM LEVEL | \$10,000 CONTRIBUTION INCLUDES:

- 10 tickets
- Easel display
- Full page color ad in event program
- Social media promotion
- Logo recognition/website, e-newsletter, promotion and advertising
- Top tier logo recognition

GOLD LEVEL | \$5,000 CONTRIBUTION INCLUDES:

- 5 tickets
- Easel display
- Half page color ad in event program
- Social media promotion
- Logo recognition/website, e-newsletter, promotion and advertising

SILVER LEVEL | \$2,500 CONTRIBUTION INCLUDES:

- 2 tickets
- Easel display
- Quarter page color ad in event program
- Social media promotion
- Logo recognition/website, e-newsletter, promotion and advertising

BRONZE LEVEL | \$1,000 CONTRIBUTION INCLUDES:

- 2 tickets
- Easel display
- Small horizontal ad in event program
- Social media promotion
- Logo recognition/website, e-newsletter, promotion and advertising

For more information contact:
Mike Marsico at 215-525-0784
or email MMarsico@fight.org

**AIDS Law Project
of Pennsylvania**

www.aidslawpa.org

 **PHILADELPHIA
FIGHT**
HEALTH CENTERS FOR ALL
www.fight.org

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Please select your sponsorship level, fill out the info below and send payment
to Mike Marsico, Philadelphia FIGHT, 1233 Locust Street, 3rd Floor, Philadelphia, PA 19107

☐ **DIAMOND LEVEL – \$20,000**

☐ **PLATINUM LEVEL – \$10,000**

☐ **GOLD LEVEL – \$5,000**

☐ **SILVER LEVEL – \$2,500**

☐ **BRONZE LEVEL – \$1,000**

Company Name: _____

Contact Name: _____

Phone Number: _____

E-mail: _____

☐ I have enclosed a check payable to Philadelphia FIGHT for \$ _____

Please charge my ☐ VISA ☐ MASTERCARD ☐ AMEX credit card \$ _____

Cardholder's Name _____

Card Number _____

Expiration Date _____ Security Code _____

Cardholder's Signature _____ Date _____

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