

You are warmly invited to
Street Level Health Project's



Poder y Salud Para Todos

STREET LEVEL'S 20TH ANNIVERSARY

Thursday, April 27, 2023

Oakland Scottish Rite Center

6:00pm

The evening's program will highlight the legacy and impact of Street Level's work, and will feature stories of community in action, live entertainment, and you'll learn what is in store for Street Level's future.

Please review the below sponsorship opportunities. We thank you in advance for your consideration and partnership.

SPONSOR LEVEL	REGISTRATIONS INCLUDED	SPONSOR BENEFITS
COMMUNITY PARTNER \$250	2	<ul style="list-style-type: none"> Name and logo listed in program and website
ADVOCATE \$1,000	4	<ul style="list-style-type: none"> Name and logo listed in program and website Quarter page ad in program
LEADER \$2,500	6	<ul style="list-style-type: none"> Name and logo listed in program and website Half page ad in program
VISIONARY \$5,000	8	<ul style="list-style-type: none"> Name and logo listed in program and website Full page ad in program Podium recognition Eight parking passes
PRESENTING \$10,000	10	<ul style="list-style-type: none"> Name and logo listed in program and website Full page ad in program Podium recognition Solo acknowledgment on social media Ten parking passes Premium wine

Street Level Health Project's tax identification number is 56-2324355

20th Gala



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STREET LEVEL'S 20TH ANNIVERSARY
THURSDAY, APRIL 27, 2023 - 6:00PM

yes!

Sponsorship Pledge Form

I/We are pleased to sponsor Street Level Health Project's gala at the following level:

PRESENTER - \$10,000

ADVOCATE - \$1,000

VISIONARY - \$5,000

COMMUNITY PARTNER - \$250

LEADER - \$2,500

No, I/we cannot sponsor at this time. However, please accept our contribution of \$

CONTACT NAME:

COMPANY/ORGANIZATION:

LIST IN PRINT AS: Company/Organization Name Contact Name

MAILING ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE NUMBER:

PLEASE INVOICE ME

CHECK ENCLOSED

CREDIT CARD

AMERICAN EXPRESS MASTERCARD

DISCOVER VISA

CARD NUMBER:

EXP: _____ CCV: _____

Name on Card:

Billing Address (if different from above):

SIGNATURE:

Please mail and send payment to Street Level Health Project - 3125 E. 15th Street Oakland, CA 94601

To email this form or if you have questions, email elba@streetlevelhealthproject.org.

www.streetlevelhealthproject.org