

LGS Foundation Anniversary Dinner

LGS FOUNDATION
LENNOX-GASTAUT SYNDROME



SPONSORSHIP FORM

☐ Champion \$10,000

☐ Defender \$5,000

☐ Provider \$2,500

☐ Protector \$1,000

☐ Ally \$500

SPONSOR INFORMATION:

Organization Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT METHOD:

All payments or pledges must be received by October 20th

Amount Enclosed: \$ _____

Credit Card: ___ VISA ___ MC ___ AMEX ___ DISCOVER

Card Number: _____ Exp. Date: ____/____

Name on Card: _____ Billing Zip Code _____

Terms and Conditions: I understand and agree that all sponsorships are subject to approval by the LGS Foundation.

Signature: _____ Date: _____

Scan Here
to Pay
Online



**PAYMENT MUST BE MADE PAYABLE
TO: LGS FOUNDATION**

Please mail forms and payments to:
LGS Foundation
6030 Santo Road
Suite 1, Unit 420878
San Diego, CA 92142



Questions?

Please contact Tracy Dixon-Salazar, PhD, at Tracy@LGSFoundation.org.

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REGIONAL SPONSORSHIP OPPORTUNITIES

Champion \$10,000

Sponsorship Includes: Recognition by Emcee, 1 Table (10 Seats) in Prime Location, Full Screen Ad, Logo on Program, Social Media and Event Email Acknowledgement.

Defender \$5,000

Sponsorship Includes: Half Table (5 Seats) in Prime Location, Half Screen Ad, Logo on Program, Social Media and Event Email Acknowledgement.

Provider \$2,500

Sponsorship Includes: 3 Tickets, Quarter Screen Ad, Logo on Program, Social Media and Event Email Acknowledgement.

Protector \$1,000

Sponsorship Includes: 2 Tickets, Logo on Program, Social Media and Event Email Acknowledgement.

Ally \$500

Sponsorship Includes: 1 Ticket, Logo on Program, Social Media and Event Email Acknowledgement.