



WORLD MEDICAL RELIEF™
Serving the Sick and Poor Locally, Nationally,
and Internationally since 1953

66TH ANNIVERSARY GALA

Saturday, November 2nd, 2019
St. John's Armenian Church Banquet and
Conference Center, Southfield



Sponsorship Benefits

	Diamond \$5,000	Gold \$3,500	Silver \$1,000	Bronze \$500
Company logo printed on invitation (must commit by 6-30-2019)	✓			
Company mentioned in media broadcast	✓			
Company mentioned in introduction to World Medical Relief volunteers for 1 year	✓			
Recognition in social media channels	✓	✓		
Recognition in World Medical Relief's print and digital newsletter	✓	✓		
Company mentioned by emcee at event	✓	✓		
Company logo printed on event materials	✓	✓	✓	
Logo on World Medical Relief's website with link to company's website	✓	✓	✓	
Included in annual community impact report	✓	✓	✓	✓
Included in Power Point presentation at the event	✓	✓	✓	✓
Full page full color ad in Program book	✓	✓		
Full page B&W ad in Program book			✓	✓

* Please let us know whether you would like to attend the event – we would gladly provide you with tickets.
To request tickets: jjabara@worldmedicalrelief.org or aroman@worldmedicalrelief.org



Advertiser Options

Size	Type	Price
Full Page (8.5" w. x 11" h.)	Full Color	\$300
Full Page (8.5" w. x 11" h.)	Black & White	\$250
Half Page (8.5" w. x 5.5" h.)	Black & White	\$135
Quarter Page (4.25" w. x 5.5" h.)	Black & White	\$75

* Please send us your Camera-Ready advertisement by Sept. 2nd, 2019. Please email ad in highest print quality (File types accepted: PDF) Email: jjabara@worldmedicalrelief.org or aroman@worldmedicalrelief.org



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Tax ID: 38-1575570

Please this form to via email to jjabara@worldmedicalrelief.org or
aroman@worldmedicalrelief.org or via fax to (313) 866 - 5588

Contact Name: _____ **Company:** _____
Email: _____ **Phone:** _____
Address: _____ **City:** _____ **Zip Code:** _____

Participation Level:

- Diamond Sponsor: \$5,000
- Gold Sponsor: \$3,500
- Silver Sponsor: \$1,000
- Bronze Sponsor: \$500
- Advertiser:
 - Full Page / Full Color: \$300
 - Full Page / Black & White: \$250
 - ½ Page / Black & White: \$135
 - ¼ Page / Black & White: \$75

Payment Information:

- Please send invoice
- Or please charge my: Visa MasterCard Discover AMEX
- Card # _____ Exp. Date: ____ / ____ Security Code: _____
- Card hold name: _____
- Billing Address: _____ City: _____ Zip Code: _____
- Signature: _____ Date: _____