



Grandma's Angels Luncheon Sponsorship Form November 18, 2025



Name: _____

Company: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I WANT TO SPONSOR/UNDERWRITE THE EVENT!

Amount	SPONSOR LEVELS	Benefits
\$12,500 SOLD	PRESENTING SPONSOR 20 Tickets to the event (select your 2 VIP tables!)	<ul style="list-style-type: none"> ○ Listed as PRESENTING SPONSOR on sponsor board, in event program, website & Facebook ○ Verbally recognized & thanked at the luncheon as the Presenting Sponsor ○ FULL COLOR INSIDE COVER PAGE of event program
\$10,000	GUARDIAN ANGEL 20 Tickets to the event (2 VIP tables of 10)	<ul style="list-style-type: none"> ○ Listed as appropriate sponsor on sponsor board, in event program, website & Facebook ○ Verbally recognized and thanked at the luncheon as a Guardian Angel Sponsor ○ FULL PAGE COLOR ad of event program
\$5,000	GOLD 1 Table (10 Tickets)	<ul style="list-style-type: none"> ○ Listed as appropriate sponsor on sponsor board, in event program, website & Facebook ○ FULL PAGE COLOR ad in event program
\$2,500	SILVER 5 Tickets to the Event	<ul style="list-style-type: none"> ○ Listed as appropriate sponsor on sponsor board, in event program, website & Facebook ○ 1/2 PAGE COLOR ad in event program
\$1,000	Program, Invitation, Valet, Photographer or Children's Sponsor - 2 Tickets	<ul style="list-style-type: none"> ○ Listed as appropriate sponsor on sponsor board, in event program, website & Facebook ○ BUSINESS CARD ad in event program

I WANT TO TAKE AD IN THE EVENT PROGRAM!

	COST	SIZE	AD Size (in jpg or pdf)
	\$200	Full Page	5" wide x 8" high
	\$100	Half Page	5" wide x 4" high
	\$50	Quarter Page	Business Card Size

Must supply camera-ready artwork for the event program

Payment: Amount Enclosed \$ _____ Please make check payable and return to:
Grandma's Place 184 Sparrow Dr. Royal Palm Beach, FL 33411

Charge my credit card \$ _____ **I will pay the charge card fee**

Credit Card: Visa MasterCard American Express

Card Number: _____ CVC#: _____

Expiration Date: _____ Signature: _____

For more information, please e-mail roxanne@grandmasplacepb.org or call 561-753-2226