



**Greater Los Angeles
African American
Chamber of Commerce
Education Fund & Foundation**

Scholarship Awards Luncheon Sponsorship Form

**Wednesday, June 18, 2014
11:30 a.m. - 2:00 p.m.**

**Omni Los Angeles Downtown Hotel at California Plaza
251 South Olive Street, Bunker Hill Ballroom
Los Angeles, California 90012**

_____ SCHOLARSHIP SPONSOR \$10,000

- * Sponsor a \$5,000 scholarship for an inner-city youth
- * Name a scholarship in company's name
- * Present scholarship at awards luncheon with guest speaker
- * 1 table for 10 guests
- * Table Sponsor listing
- * Full page color ad in program book
- * Sponsorship identification in all press releases & promotions
- * Back-To-School Drive contribution

_____ PLATINUM SPONSOR \$7,500

- * Sponsor a \$2,500 scholarship for an inner-city youth
- * 1 table for 10 guests
- * Table Sponsor listing
- * Full page ad in program book
- * Sponsorship identification in all promotions
- * Back-To-School Drive contribution

_____ SILVER SPONSOR \$5,000

- * 1 table for 10 guests & Table Sponsor listing
- * Full page ad in program book
- * Sponsorship identification in all promotions
- * Scholarship contribution

_____ BRONZE SPONSOR \$2,500

- * 1 table for 10 guests & Table Sponsor listing
- * Half page ad in program book
- * Scholarship contribution

_____ TABLE SPONSOR \$1,500

- * 1 table for 10 guests & Table Sponsor listing

_____ SUPPORTER \$500

- * 1 individual ticket & Quarter page ad
- * Scholarship contribution

_____ INDIVIDUAL TICKET \$150

PROGRAM BOOK AD RATES & SPECS

Full Page 8.5" x 11" \$750
Half Page 7.5" x 5" \$500
Qtr Page 3.75" x 5" \$250

All ads will be printed in color (black & white optional).
 Accepted file formats are 300 dpi PDF or jpeg. Please
 contact us at (323) 292-1297 for a detail specs list.

**DEADLINE FOR AD SUBMISSIONS IS FRIDAY,
MAY 23, 2014. Please email a proof copy to
info@glaaacc.org.**

PLEASE INDICATE YOUR PARTICIPATION

I/We would like to purchase a _____
 sponsorship.

I/We would like to purchase _____ ticket(s) /
 table(s) at \$ _____ each.

I/We would like to purchase a _____ page Ad
 at \$ _____.

I/We are unable to attend, but I would like to
 donate \$ _____.

Please make check payable to **GLAAACC Education Fund** and mail to:
 GLAAACC Education Fund, 5100 W. Goldleaf Circle, Suite 203, Los Angeles, CA 90056
 For more information, please call (323) 292-1297 or email to info@glaaacc.org.

Name _____ Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Amount Enclosed \$ _____ Signature _____ Date _____

**Cancellations not received in writing prior to Wednesday, June 11, 2014 are subject to payment.
 501 (c)(3) Tax I.D. Number: 95-4655176**