



2015 PRISM AWARDS CEREMONY

Wine and Hors d'oeuvres
Frontiers of Flight Museum
Thursday, October 22nd 2015
6:00 – 8:00 p.m.



PRISM SPONSOR BENEFITS

PRESENTING SPONSOR - \$15,000

Recognition as a **Presenting Sponsor** as the underwriter of keynote speaker, on invitations, nametags, ceremony introduction, program cover, media releases, podium signage, event signage, Facebook, and website.
12 tickets to PRISM reception, reserved seating & complimentary valet parking for all guests

SIGNATURE SPONSOR - \$10,000

Recognition as a **Signature Sponsor** in program, media releases, event signage, Facebook, and website
10 tickets to the PRISM reception, reserved seating & complimentary valet parking for all guests

GOLD SPONSOR - \$5,000

Recognition as a **Gold Sponsor** in program, media releases, event signage, Facebook, and website
8 tickets to the PRISM reception, reserved seating & complimentary valet parking for all guests

SILVER SPONSOR - \$3,000

Recognition as a **Silver Sponsor** in program, event signage, and website
6 tickets to the PRISM reception, reserved seating & complimentary valet parking for all guests

BRONZE SPONSOR - \$1,500

Recognition as a **Bronze Sponsor** in program and event signage,
4 tickets to the PRISM reception, reserved seating & complimentary valet parking for all
guests

**Please mail form and payment to: Mental Health America of Greater Dallas
624 N. Good-Latimer, Suite 200, Dallas, Texas 75204**

**Credit card orders may be faxed to: 214-954-0611
Attention: Donna Ebow debow@mhadallas.org**

**For further information, please call: Matt Roberts, (214) 871-2420 ext. 109;
or mroberts@mhadalls.org**

SPONSORSHIP DEADLINE September 1, 2015

2015 PRISM AWARDS CEREMONY RETURN FORM

Please select your Sponsorship Level:

____ PRESENTING SPONSOR - \$15,000
____ SIGNATURE SPONSOR - \$10,000 ____ GOLD SPONSOR - \$5,000
____ SILVER SPONSOR - \$3,000 ____ BRONZE SPONSOR - \$1,500
\$ _____ TOTAL

Individual/Organization: _____

Contact Person: _____

Address: _____ City/State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

How do you wish to be listed in printed materials? _____

Additional contact person for follow-up with logo, guest list, etc. _____

Additional contact's phone: _____ Additional contact's e-mail: _____

Enclosed is my check for \$ _____ or please bill \$ _____ date to be paid by _____

CHARGE: ____ MasterCard ____ Visa ____ AMX Account # _____

Name on Account: _____ Expiration Date: ____ / ____ Security Code: _____
Please print (on back of card)

Signature: _____ Date: _____

- I accept my benefits as listed on the Sponsor Level Benefits sheet.
- I am unable to attend, however, please accept my donation of \$ _____.
- I (we) prefer to donate our tickets. (Number) _____.

SPONSORSHIP DEADLINE FOR PRINTED MATERIALS: September 1, 2015

**Please retain a copy of this form for your records.
Reservations will be held at the door.**

Contributions in excess of \$25 per person qualify as charitable contributions. MHA Tax ID # 75-0999935