

# LAMA SPONSORSHIPS



## Annual Gala Sponsorship Opportunities

### ELITE GALA SPONSOR

\$3,000

- Thank you and recognition from LAMA President
- 2 Minutes to Address Attendees at the GALA
- Company Logo on all GALA promotional efforts and materials
- Company Logo on GALA Event Page
- Company Logo in Gala Program
- 4 Tickets to Gala

### PREMIER GALA SPONSOR

\$2,000

- Company logo on GALA promotional efforts and materials
- Company logo on GALA Event Page
- Company Logo in Gala Program
- 2 Tickets to GALA

### ASSOCIATION GALA SPONSOR

\$1,000

- Name listing on all GALA promotional efforts and materials
- Name listing on GALA Event Page
- Name listing in Gala Program
- 1 Tickets to GALA

### SILENT & LIVE AUCTION DONATIONS

<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Food/Restaurants	<input type="checkbox"/> Themed Baskets
<input type="checkbox"/> Services	<input type="checkbox"/> Sports Memorabilia	<input type="checkbox"/> Wine/Spirits
<input type="checkbox"/> Tickets/Vacations	<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Other: _____

LAMA is a 501(c)3 organization. Our tax ID is: 30-1399580

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

THANK YOU FOR YOUR SUPPORT!

# SPONSORSHIP FORM

— LAMA



Business Name :			
Tag Line :			
Address :			
Suite # :		State:	
City :		Zip code :	
Phone :			
Practice Name :			
Website :			
Sponsorship Level:			
Auction Item :			

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

## Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize LAMA to charge my credit card \$ \_\_\_\_\_  
for a \_\_\_\_\_ sponsorship.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

*Checks can be made out to Latinn American Medical Association and  
mailed to 200 3<sup>rd</sup> Ave. W., Suite 100, Bradenton, FL 34205*

THANK YOU FOR YOUR SUPPORT