NAKASEC & KRC 34th Annual Gala

Building a Movement for Change: From Roots to Power

Sponsor Rates

- Movement Builder **$20,000**
  Table for 10 / Back Cover Full Page Program Ad / Formal recognition during dinner program / Recognition at all press materials related to dinner / Event signage

- Capacity Builder **$10,000**
  Table for 10 / Full Page Program Ad / Recognition at all press materials related to dinner / Event signage

- Organizer **$5,000**
  Table for 10 / Half Page Program Ad / Event signage

- Educator **$2,000**
  Table of 10 / Line Acknowledgment / Event signage

- Friend **$150**
  Individual Ticket

- Member **$120**
  Individual Ticket

* If you are a low-income community member or a student, please inquire about our discount options.

Advertisement only

- Inside Cover, Full Page **$5,000**
- Full Page (10" tall, 7.5" wide) **$2,000**
- Half Page (5" tall, 7.5" wide) **$1,000**
- ¼ page (5" tall, 3.75" wide) **$600**
- Business card (2.5" tall, 3.75" wide) **$350**

* If you are a nonprofit representative, please inquire for our nonprofit discounts.

You can also (1) sign up to be a sponsor, (2) sign up to have your ad in our program booklet, and/or (3) buy individual tickets on our website:

http://bit.ly/2017NKgala

Please send in your list of names to be seated at each table and a final copy of your ad(s) by **Sept 22nd** to **events@krcla.org**.
Ads should be in black & white (except back cover, which is color) in PDF or EPS format with fonts outlined and images embedded (300 dpi).

Are you a paid KRC or NAKASEC member? (Circle one) Yes / No

Mark X below and fill out the following spaces for those that apply to you:

____ Yes, I would like to be a Sponsor: Sponsor level _____ .

____ Yes, I would like to purchase a _____ page advertisement.

____ Yes, I would like to purchase _____ ticket(s).

____ I/We cannot attend. Enclosed is a contribution to sponsor community members to attend.

Enclosed is my check made payable to **"KRC"** in the amount of $ _____ .

Name: _____

Organization/Company (if any): _____

Address: _____**City/State:**_____ **Zip Code:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

Mail this form & your check to the following address:
900 Crenshaw Boulevard, Los Angeles, CA 90019

Contact us: 323. 937. 3718 | events@krcla.org |krcla.org/give