

Lupus LA's Orange Ball Presents
A NIGHT OF SUPERHEROES

Saturday, June 6, 2015 | FOX Studios



Ticket and Sponsorships Levels

<input type="checkbox"/> Superhero	\$ 25,000
One prime reserved table for ten guests, your own table butler, VIP parking, recognition at the event, and a Superhero page in the Tribute Journal.	
<input type="checkbox"/> Defender	\$ 10,000
One preferred reserved table for ten guests and a Defender page in the Tribute Journal.	
<input type="checkbox"/> Protector	\$ 6,000
One shared reserved lounge for ten guests and a Protector page in the Tribute Journal.	
<input type="checkbox"/> Dynamic Duo	\$ 1,500
Two individual tickets for open seating and a Dynamic Duo page in the Tribute Journal.	
<input type="checkbox"/> Hero	\$ 500
One individual ticket for open seating. Please reserve _____ tickets at \$500 each.	
<input type="checkbox"/> I cannot attend, but would like to give a tax-deductible donation of \$_____	

Tribute Journal Only

<input type="checkbox"/> Back Cover (6.5"w x 8"h + .125" bleed all sides) * pending availability	\$ 25,000
<input type="checkbox"/> Inside Cover (6.5"w x 8"h + .125" bleed all sides) * pending availability	\$ 15,000
<input type="checkbox"/> Superhero Page (5.5"w x 7"h)	\$ 10,000
<input type="checkbox"/> Defender Page (5.5"w x 7"h)	\$ 5,000
<input type="checkbox"/> Protector Page (5.5"w x 7"h)	\$ 3,000
<input type="checkbox"/> Dynamic Duo Page (5.5"w x 7"h)	\$ 1,000
<input type="checkbox"/> Half Page (5.5"w x 3.375"h)	\$ 500

We encourage electronic art as PDF. (Also acceptable: Illustrator or Photoshop. Logos & photos: .eps, .tif or .jpg, min. 300 dpi at 100%.) For ads requiring layout assistance, clearly type or print message and attach to this form. Bleed required for full-page ads is .125". [Email to hila@grantevents.com](mailto:hila@grantevents.com).

Ad Copy Deadline: May 14, 2015

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Total Enclosed \$_____ Check payable to Lupus LA AMEX Visa MC

Card Number _____ Exp. Date _____

Signature _____

Lupus LA Connection _____

Mail or fax form, payment and ad copy to:

Lupus LA c/o Grant Associates
 5670 Wilshire Boulevard, Suite 830, Los Angeles, California 90036
 Tel. 323.904.4400 Fax 323.931.9904

Non-profit tax ID #46-1126232 | Social Service Permit on File

Your allowable charitable deduction is the excess over approximately \$100 per person for dinner