

ARMENIAN BONE MARROW DONOR REGISTRY
323-663-3609
info@abmdr.net
www.abmdr.am
1146 Central Avenue, #533
Glendale, CA 91202

Fimi: 818-419-0316
fmekhitarian@abmdr.am

Match for Life Annual Gala

SUNDAY • AUGUST 24 • 2025



The deadline for all submissions is August 10, 2025

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ARMENIAN BONE MARROW DONOR REGISTRY SPONSORSHIP FORM

Company _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Cell (____) _____ E-Mail _____

SPONSORSHIP LEVELS AND PROGRAM BOOK

- ☐ **MAJOR EVENT SPONSOR** \$25,000+ _____ *A table for 12, Color Page in Program Book, and Sponsorship acknowledgment in pre-and post-event(s) marketing*
- ☐ **PLATINUM SPONSOR** \$10,000 _____ *A table for 10, Color Page in Program Book, and Sponsorship acknowledgment in pre-and post-event(s) marketing*
- ☐ **DIAMOND SPONSOR** \$5,000 _____ *Six tickets, Color Page in Program Book*
- ☐ **GOLD SPONSOR** \$3,000 _____ *Four tickets and B/W Page in Program Book*
- ☐ **SILVER SPONSOR** \$1,500 _____ *Two tickets and B/W Page in Program Book*

PROGRAM BOOK AD SPACE

- ☐ **FULL PAGE COLOR** \$1,000
- ☐ **FULL PAGE B/W** \$500
- ☐ **HALF PAGE B/W** \$250
- ☐ **BACK COVER COLOR** \$3,500
- ☐ **INSIDE COVER(S) COLOR** \$2,500
- ☐ **GALA TICKET** \$200

SUBMISSIONS DEADLINE:
AUGUST 10, 2025

ARTWORK

Minimum Resolution: 300 dpi
Formats: pdf, eps, tiff and psd

AD SIZE

Full Page: 5.5/8" X 8.7/8"
Half Page: 5.5/8" x 4.3/8"

MESSAGE _____

☐ CHECK ☐ CASH ☐ MASTER CARD ☐ VISA ☐ AMEX
CREDIT CARD # _____

EXP. DATE _____

SPONSORSHIP \$ _____
TICKETS \$ _____
TOTAL \$ _____

SPONSOR NAME _____

SIGNATURE _____

DATE _____

Please make your tax deductible donation payable to: ABMDR 347 West Stocker Street, #208 Glendale, CA 91202

The ABMDR is a 501(c)(3) not for profit organization. Tax ID # 05-0573780