



A Night of Fantasy, Intrigue and Mystery!

JWCH invites you to a

MASQUERADE PARTY

benefiting

HIV Services and

Homeless Women & Children Residential Care

Friday, October 28th, 2011 at 7pm



8430 Sunset Blvd., West Hollywood, CA 90069

Mask or Costume required - Prizes for Best Dress

Please *RSVP by October 19th* to Tricia Waite at

213.484.1186, Ext: 3015 or twaite@jwchinstitute.org.



JWCH MASQUERADE PARTY

Friday, October 28th, 2011



SPONSORSHIP OPPORTUNITIES

Gold Mask - \$10,000

25 tickets to the event

Exclusive Private Room at the event

Special recognition from podium and on event signage as Gold Mask Sponsor

Logo inclusion in paid advertisements and on printed event materials

Acknowledgement on JWCH's website as Gold Mask Sponsor with link to sponsors website

Silver Mask - \$5,000

15 tickets to the event

One reserved booth at event

Special recognition from podium and on event signage as Silver Mask Sponsor

Acknowledgement on JWCH's website as Silver Mask Sponsor with link to sponsors website

Bronze Mask - \$2,500

10 tickets to the event

Special recognition from podium as Bronze Mask Sponsor

Acknowledgement on JWCH's website as Bronze Mask sponsor

Black Mask - \$1,000

5 tickets to the event

Acknowledgement on JWCH's Website as Black Mask Sponsor

SPONSORSHIP COMMITMENT FORM



Yes, I will attend. Please reserve:

- Gold Mask level of \$10,000
- Silver Mask Level of \$5,000
- Bronze Mask Level of \$2,500
- Black Mask Level of \$1,000
- _____ Individual ticket(s) at \$50 each
- No*, I cannot attend, but would like to make a tax deductible donation of \$ _____



Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Signature _____

Please mail checks to:
JWCH Institute, Inc.
1910 W. Sunset Blvd., Suite 650
Los Angeles, CA 90026
Phone: (213) 484-1186
Fax: (213) 413-3443
Tax I.D. # 95-2289916

Sponsorship Amount \$ _____ **Please note: Payment is due by October 21, 2011**

Phone _____ Fax _____ Email _____

Enclosed is my check payable to JWCH Institute, Inc.

Charge my: Visa MasterCard American Express

Card # _____ - _____ - _____ Three or four digit security code _____ Exp. Date _____ / _____

Name on Card _____

Billing address (if different from above) _____

Signature authorizing charge _____ Date _____

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JWCH
INSTITUTE, INC.
John Wesley Community Health



Our mission is to improve the health status and well-being of underserved segments of the population of Los Angeles County through the direct provision and coordination of health care, health education services, and research.

1910 W. Sunset Blvd., Suite 650 | Los Angeles, CA 90026 | 213.484.1186
www.jwchinstitute.org