

DISABILITY RIGHTS MARYLAND
BREAKING BARRIERS AWARDS GALA
September 18, 2019 · American Visionary Art Museum

Sponsorship Opportunities

Patron **\$10,000**

- Eight (8) Complimentary Event Tickets
- Special acknowledgment during awards presentation Premier
- logo recognition on event signage
- Full page, color ad in Gala program book
- Premier recognition in invitations, electronic materials and social media Logo
- acknowledgment on event page
- Premier recognition in DRM's e-newsletter

Benefactor **\$5,000**

- Six (6) Complimentary Event Tickets
- Special acknowledgment during awards presentation Premier
- logo recognition on event signage
- Half-page, color ad in Gala program book
- Premier recognition in invitations, electronic materials and social media Logo
- acknowledgment on event page
- Premier recognition in DRM's e-newsletter

Partner **\$2,500**

- Four (4) Complimentary Event Tickets
- Special acknowledgment during awards presentation Logo
- recognition on event signage
- Quarter-page, color ad in Gala program book
- Recognition in invitations, electronic materials and social media Logo
- acknowledgment on event page
- Recognition in DRM's e-newsletter
-

Ambassador **\$1,000**

- Two (2) Complimentary Event Tickets
- Recognition in event program book
- Recognition in invitations, electronic materials and social media Logo
- acknowledgment on event page
- Recognition in DRM's e-newsletter
-

Please contact Robin Murphy, Executive Director, for further information at
RobinM@DisabilityRightsMD.org or (443) 692-2482

DISABILITY RIGHTS MARYLAND
BREAKING BARRIERS AWARDS GALA

September 18, 2019 · American Visionary Art Museum

Reservation Form

YES, our organization would like to support DRM and attend the 2019 Breaking Barriers Gala.

Please reserve:

___ \$10,000 **Patron**

___ \$5,000 **Benefactor**

___ \$2,500 **Partner**

___ \$1,000 **Ambassador**

NO, we will not be able to attend, but wish to support DRM with the enclosed tax-deductible contribution of:

\$ _____

Organization Contact Information

Name _____
(As you wish to be listed on Gala-related materials) We wish to remain anonymous

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Payment Information

A check in the amount of \$ _____ is enclosed.

Please make checks payable to **Disability Rights Maryland**

Please charge my credit card in the amount of \$ _____

American Express Visa MasterCard

Credit Card# _____ CVC _____ Exp. _____

Name on Card _____ Signature _____

Kindly respond by August 16, 2019

Please return payment form to: Robin Murphy, Executive Director
RobinM@DisabilityRightsMD.org or (443) 692-2482 Disability
Rights Maryland

1500 Union Avenue, Suite 2000 Baltimore, MD 21211