

Sponsorship Opportunities

Carnaval de Seattle

Benefiting the National Kidney Foundation

Diamond Sponsor- \$15,000 (Limited to 1)

- Three tables of nine (27) at the Gala with priority seating
- Ten VIP tickets include VIP entry, welcome drinks, thirty drink tickets, and VIP gift bag
- One full page acknowledgment in the event program
- Diamond Sponsor Recognition on the Save the Date, Invitation, NKF website, and newsletter
- Exclusive logo display
- Speaking opportunity during presentation

Platinum Sponsor – \$10,000 (Limited to 2)

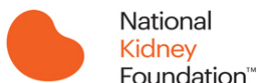
- Two tables of nine (18) at the Gala with priority seating
- Five VIP tickets includes VIP entry, welcome drinks, fifteen drink tickets, and VIP gift bag
- One full page acknowledgment in the event program
- Platinum Sponsor Recognition on the Save the Date, Invitation, NKF website, and newsletter

Gold Sponsor – \$5,000 (limited to 3)

- One table of nine (9) at the Gala with priority seating
- Three VIP tickets include VIP entry, welcome drinks, nine drink tickets, and VIP gift bag
- One full page acknowledgment in the event program
- Gold Sponsor Recognition on the Save the Date, Invitation, NKF website, and newsletter

Table Sponsor – \$1,000 (limited to 5)

- One table of nine (9) at the Gala with priority seating
- Acknowledgment in the event program



SPONSORSHIP AGREEMENT FORM

Company/Organization Name: _____

Company Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

PLEASE INDICATE SPONSOR LEVEL:

____ Diamond Sponsor (\$15,000) ____ Platinum Sponsor (\$10,000)

____ Gold Sponsor (\$5,000) ____ Table Sponsor (\$1,000)

INDIVIDUAL TICKETS (can be purchased online):

____ # of VIP Tickets x \$250 = \$ _____

____ # of Individual Tickets x \$150 = _____

____ We are not able to attend this year but would like to make a donation of \$ _____

____ We are a matching gifts company and match up to \$ _____

TOTAL PAYMENT: \$ _____

PAYMENT PREFERENCE:

Enclosed in my check in the amount of \$ _____ made out the National Kidney Foundation

OR Credit card type: ____ MC ____ Visa ____ AMEX ____ Discover

Name: _____

Company: _____

Credit Card #: _____ Exp _____ Sec# _____

Signature: _____ Date: _____

Please complete and return payment to Kenneth Rackers, Development & Office Manager
National Kidney Foundation, 220 2nd Ave South, Suite 303 Seattle, WA 98122 | kenneth.rackers@kidney.org
253.201.0881 x 572 | Federal Tax ID 13-1673104