

## Event Sponsorship and Ticket Opportunities July 22, 2014

Event Sponsor Levels and Benefits	Tickets to Magic of Mobility	Signage and Program Screen Listing	Invitation and Event Website Listing	Event Program Recognition	FWM Quarterly Newsletter Listing
Freedom Sponsor \$7,500	10	<b>~</b>	<b>√</b>	Full page (7.5" x 5")	<b>√</b>
Independence Sponsor \$5,000	8	<b>✓</b>	<b>~</b>	Half Page (3 ¾" x 5")	<b>~</b>
Hope Sponsor \$3,500	6	<b>√</b>	<b>√</b>	Quarter Page (1 ¾" x 5")	<b>√</b>
Dignity Sponsor \$1,500	4	<b>~</b>			
Care Sponsor \$500	2				
Cuisine Station Sponsor \$2,500		✓ (also includes signage at station)	<b>~</b>	<b>√</b>	
Dessert Station Sponsor \$2,500		✓ (also includes signage at station)	✓	<b>√</b>	
Special Guest Wheelchair Recipient Sponsor - \$2,500 (provides transportation and accommodations for recipient)		<b>√</b>	<b>~</b>	<b>~</b>	
Beverage Sponsor \$1,000		✓ (also includes signage at beverage stations)	<b>√</b>	<b>√</b>	

Wheelchair Recipient Sponsors			
550 recipients – One Container	\$42,850.50	24 recipients	\$1,869.84
275 recipients – Half Container	\$21,425.25	12 recipients	\$934.92
138 recipients – Quarter Container	\$10,751.58	3 recipients	\$233.73
69 recipients – Eighth Container	\$5,375.79	1 recipient	\$77.91



## You may respond online at www.freewheelchairmission.org/MOM OR

Yes, I/We want to help support Magic of	Mobility with the following sponsorship/ticket
level:	
\$7,500 Freedom Sponsor (\$6,820 tax deductions)	ible amount with event tickets)
\$5,000 Independence Sponsor (\$ 4,456 tax d	leductible amount with event tickets)
\$3,500 Hope Sponsor (\$3,092 tax deductible	amount with event tickets)
\$1,500 Dignity Sponsor (\$1,228 tax deductib	
\$500 Care Sponsor (\$362 tax deductible amo	
\$2,500 Special Guest Wheelchair Recipient S	•
\$2,500 Cuisine Station Sponsor	'
\$2,500 Dessert Station Sponsor	
\$1,000 Beverage Sponsor	
\$150 Event ticket per person (\$82 tax deduc	tible amount includes one wheelchair donation)
Yes. I/We want to support the Magic of N	Mobility recipient goal with the following
wheelchair donation level:	3
\$42,850.50 = 550 recipients (one container)	\$1,869.84 = 24 recipients
\$21,425.25 = 275 recipients (half container)	\$934.92 = 12 recipients
\$10,751.58 = 138 recipients (quarter contain	·
\$5,375.79 = 69 recipients (eighth container)	\$77.91 = 1 recipient
Total Sponsorship: \$	
Name/Business as you wish it to appear in progr	ram:
Contact:	Title:
Preferred phone:	Email:
Street Address:	
City/State/Zip:	
Method of payment:Check (Make pay	vable to Free Wheelchair Mission)
Visa/MC/AmEx Card Number: _	Code:
Expiration Date: Signature:	

PLEASE FAX OR MAIL NO LATER THAN MAY 4, 2014 FOR PROMOTIONAL BENEFITS



Free Wheelchair Mission®

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Your contribution is greatly appreciated and tax deductible as allowed by law.

Federal Tax ID: 31-1781635