

**South Carolina HIV/AIDS Council
2009 World AIDS Day
Starring MAZE Featuring Frankie Beverly**

Sponsorship Agreement

Sponsor Information	
Company Name	
Contact Name	
Address	
City, State Zip	
Phone	
Fax	
Email	
Sponsorship Opportunities	

* For Title Sponsor information please contact Michelle Burnett-Green @ 803-254-6644

**Program Ads: All graphic ad must be in PDF, JPEG or TIF files and submitted via email to mrsmburnettgreen@cs.com no later than Monday, August 24, 2009.

Payment:

Please make checks payable to South Carolina HIV/AIDS Council (SCHAC) and mail to SCHAC, 1115 Calhoun Street, Columbia, SC 29201

☐ Enclosed is my check for \$_____

☐ I'd like to pay by credit card: Card type ☐ Master ☐ Visa ☐ Amex ☐ Discover

Card#: _____ Exp _____

Authorized Signature: _____ Date: _____

☐ Our company would like more info about the 15-15-15 Campaign and employee matching.
We have completed the attached contact form.**

Sponsorship:

*Title Sponsor:	\$15,000.	x_____ = _____
Diamond Sponsor:	\$10,000.	x_____ = _____
Platinum Sponsor:	\$ 5,000.	x_____ = _____
Gold Sponsor:	\$ 2,500.	x_____ = _____
Silver Sponsor:	\$1,500.	x_____ = _____
Bronze Sponsor:	\$ 500.	x_____ = _____

Individual Tickets:

Orchestra Seats:	\$ 57.	x_____ = _____
Grand Tier Seats:	\$ 50.	x_____ = _____
Balcony Seats:	\$ 40.	x_____ = _____
Koger Restoration:	\$ 1.X no. of tickets=	_____
VIP Reception:	\$ 200.	x_____ = _____

**Program Ads:

Full Page Ad:	\$ 500.	x_____ = _____
Half Page Ad:	\$ 275.	x_____ = _____
1/4 Page Ad:	\$ 250.	x_____ = _____
Pledge \$15X15mo.	\$ 225.	x_____ = _____
Friend of SCHAC	\$ 100.	x_____ = _____

Total: _____