

we're all
Wonders



2018
my·Face
GALA

SPONSORSHIP PROPOSAL

We're All Wonders

Wonder, the New York Times best-seller by R.J. Palacio, and now a major motion picture, has drawn unprecedented awareness to the craniofacial community. myFace is honored to celebrate both the community and its supporters at our annual gala, We're All Wonders. We are also delighted to be presenting the Ramey-Ross Award to Jacob Tremblay, who starred as Auggie in the movie, "Wonder". On May 15th, we invite you to join us in celebrating the craniofacial community and thanking those who bring awareness to the cause.

TUESDAY, MAY 15TH, 2018 • THE LIGHTHOUSE, CHELSEA PIERS

6:00 PM | Cocktail Hour

7:00 PM | Dinner & Program

9:00 PM | Dessert & Dancing

AUDIENCE

Over 200 influential business professionals, community leaders, and philanthropic donors who are celebrating the craniofacial community.

ABOUT myFace

myFace is a non-profit organization dedicated to transforming the lives of patients with facial disfigurement. With a special focus on children and their families, myFace funds medical, surgical, dental, speech and psychosocial services as well as research and public awareness. myFace serves as the funding arm for the myFace Center for Craniofacial Care at the Hansjörg Wyss Department of Plastic Surgery at NYU Langone Health.

Learn more about **myFace** at myFace.org

Sponsorship Opportunities

ALL SPONSORSHIP LEVELS INCLUDE:

- Company logo or name recognition in all printed materials
- Hyperlinked company logo or name recognition on event website
- Personalized sponsorship acknowledgement suitable for display at your company
- Feature story in myFace blog/e-communication
- Social media promotion reaching over 30,000 viewers
- Hyperlinked banner advertising on myFace website for 6 months

DIAMOND SPONSOR: \$25,000

Recognition during Program
Premium seating for one table of 10
Table at Event to display Company's promotional material
Full Screen Gold Advertisement in Gala Digital Journal

EMERALD SPONSOR: \$10,000

Recognition during Program
Seating for one table of 10
Full Screen Silver Advertisement in Gala Digital Journal



Our sponsorship opportunities are designed to help you meet your marketing objectives. Each package includes customization support from our sponsorship staff.

Sponsorship Opportunities

YES! WE ARE PROUD TO SPONSOR THE 2018 MYFACE GALA WITH A GIFT OF:

☐ \$25,000 ☐ \$10,000

We are unable to sponsor, but wish to make a contribution of:

\$ _____

CONTACT INFORMATION:

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

To make your gala purchases online please visit: myFace.org/gala-registration

PAYMENT INFORMATION:

☐ Check ☐ Credit Card

Credit Card Number _____

Card Type _____ Expiration Date _____ CVV Code _____

Signature _____

PLEASE MAIL THIS FORM ALONG WITH PAYMENT TO:

myFace, 333 East 30th St, Lobby Office, New York, NY 10016

For additional questions, please contact 212.263.6656 or email events@myFace.org

You can also fill-out form online, save to your computer,
attach to an email and send to events@myFace.org

Journal Ads

DIGITAL JOURNAL ONLY • SUBMISSION DEADLINE: MAY 1

- \$1,000 Full Screen Gold (1920 x 1080px or 16:9 aspect ratio)
- \$500 Full Screen Silver (1920 x 1080px or 16:9 aspect ratio)
- \$250 Half Screen (960 x 1080px – portrait)
- \$100 Quarter Screen (960 x 540px or 16:9 aspect ratio)
- \$25 Friends and Family Listing (Names Only)

SPECIFICATIONS:

All artwork should be submitted digitally.

Acceptable file formats: jpgs, png, pdf, psd

Resolution: 144 dpi or higher

Max file size: 5MB • RGB colors

Please contact Denise@myface.org for assistance

JOURNAL MESSAGE:

Feel free to email events@myface.org to submit your message digitally.

You may also fill out the box below (ads will be converted digitally)

For more information, please call 212.263.6656

CONTACT INFORMATION:

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

PAYMENT INFORMATION:

☐ Check

☐ Credit Card

Credit Card Number _____

Card Type _____ Expiration Date _____ CVV Code _____

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