2ND UFW AWARDS DINNER
Thursday May 19, 2016
Rabobank Arena, Bakersfield, CA

¡Si Se Puede!
UFW AWARDS DINNER
PAST SPONSORS INCLUDE

✓ AT&T
✓ Southwest
✓ Budweiser
✓ OPEIU
✓ SEIU
✓ LiUANA
✓ Proteus
✓ CRLA
✓ CALSA
✓ National Association of Social Workers
✓ Center for Employment Training
✓ Central Valley Opportunity Center
✓ Beto Sala, Esq.
✓ David Torres, Esq.
CORPORATE SPONSORS
UNITED FARM WORKERS
2ND UFW AWARDS DINNER - May 19th, 2016

____ INTEGRITY SPONSOR - $40,000
  • Speaking opportunity
  • Full page color ad in commemorative program
  • Two tables at UFW Awards Dinner
  • 16 tickets to VIP reception
  • Logo recognition in e-mail blasts promoting the dinner
  • Logo placement at UFW website
  • Logo Placement in event program

____ INNOVATION SPONSOR - $25,000
  • Full page color ad in commemorative program
  • Verbal recognition
  • Two tables at UFW Awards Dinner
  • 16 tickets to VIP reception
  • Logo recognition in e-mail blasts promoting the dinner
  • Logo placement at UFW website
  • Logo Placement in event program

____ NON-VIOLENCE SPONSOR - $15,000
  • Half page color ad in the commemorative program
  • Verbal recognition
  • One table at UFW Awards Dinner
  • 8 tickets to VIP reception
  • Logo placement at UFW website
  • Logo Placement in event program

____ EMPOWERMENT SPONSOR - $10,000
  • 1/4 page color ad in the commemorative program
  • Verbal recognition
  • One table at UFW Awards Dinner
  • 4 Tickets to VIP Reception
  • Logo placement at UFW website
  • Logo placement in event program
CORPORATE SPONSORS
UNITED FARM WORKERS
2ND UFW AWARDS DINNER - May 19th, 2016

SPONSORSHIP LEVEL: ______________________     Amount: $ ________________

Please return form to: tromero@ufw.org. You may also mail it to: Teresa Romero, United Farm Workers, P.O. Box 62 Keene, CA 93531.

If you have any questions, please call Teresa Romero at (661) 823-6105

CARD #: _______________________________________ EXPIRATION: ____________

CARD SECURITY CODE: _________________ AMOUNT: $_________________________

SPONSOR NAME: _________________________________________________________

BILLING ADDRESS: ________________________________________________________

CITY, STATE, ZIP: _________________________________________________________

PHONE #: __________________________ E-MAIL: _______________________________

SIGNATURE: __________________________________________________________________