



THE GLENDALE CHAMBER OF COMMERCE PRESENTS

# Masquerade Gala

FRIDAY, SEPTEMBER 19, 2025 • 6:00 PM

THE MUSEUM PLAZA AND HALL AT FOREST LAWN GLENDALE

## GALA SPONSORSHIP OPPORTUNITIES

- |                      |                |  |
|----------------------|----------------|--|
| <b>Platinum Mask</b> | <b>\$5,000</b> | CENTER TABLE FOR TEN, COMPANY NAME PROMINENTLY DISPLAYED AT EVENT AND ON ALL TABLES AND EVENT SIGNAGE, LISTING IN PROGRAM BOOK, SPECIAL RECOGNITION IN ALL PROMOTIONAL MATERIALS AND SOCIAL MEDIA. COMPLIMENTARY WINE AT TABLE |
| <b>Gold Mask</b>     | <b>\$3,000</b> | PROMINENT TABLE FOR TEN, COMPANY NAME DISPLAYED AT EVENT, AT TABLE, LISTING IN PROGRAM BOOK, SPECIAL RECOGNITION IN PROMOTIONAL MATERIALS, COMPLIMENTARY WINE AT TABLE   |
| <b>Silver Mask</b>   | <b>\$2,000</b> | TABLE FOR EIGHT, COMPANY NAME DISPLAYED AT TABLE, LISTING IN PROGRAM BOOK, RECOGNITION IN PROMOTIONAL MATERIALS  |

## Individual Tickets \$200

PLEASE RESPOND BY **SEPTEMBER 12, 2025** TO HAVE YOUR COMPANY NAME ON PROMOTIONAL PIECES AT THE EVENT

FOR ADDITIONAL INFORMATION, CALL JUDEE KENDALL AT 818.240.7870

*Yes, I would like to be a Gala Sponsor. Please make my reservation as shown below:*

Sponsorship Level: ☐ Platinum \$5,000    ☐ Gold \$3,000    ☐ Silver \$2,000

PLEASE RESERVE \_\_\_\_\_ INDIVIDUAL TICKETS @ \$200 EACH

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my check or charge authorization for \$ \_\_\_\_\_ payable to:

Glendale Chamber of Commerce, 701 N. Brand Boulevard, Suite 120, Glendale, CA 91203

Please charge my: AmEx: \_\_\_\_ Visa: \_\_\_\_ MasterCard: \_\_\_\_ Discover Card: \_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CSV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_