CELEBRATE ELEVATE
20TH ANNIVERSARY GALA

6.30PM COCTAIL RECEPTION
7.30PM DINNER & AWARDS CEREMONY

WEDNESDAY
MAY 11, 2022
CIPRIANI WALL STREET
55 WALL STREET NYC

LIVE AUCTION
BLACK TIE OPTIONAL
FOR MORE INFO
kacfny.org/gala2022
<table>
<thead>
<tr>
<th>SPONSORSHIP BENEFITS</th>
<th>ANNIVERSARY $200,000</th>
<th>CHAMPION $100,000+</th>
<th>DIAMOND $50,000+</th>
<th>PLATINUM $25,000+</th>
<th>GOLD $15,000+</th>
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<tr>
<td><strong>VIP RECEPTION</strong></td>
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<tr>
<td><strong>GALA DINNER SEATS</strong></td>
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<td>20 PREMIUM</td>
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<td>20 PRIME</td>
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<td>10 PRIME</td>
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<td>10 PREFERRED</td>
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<td>10 SEATS</td>
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<td><strong>AFTER PARTY</strong></td>
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<tr>
<td>Sponsor Ad in Gala e-Journal &amp; website</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Logo/Name featured in Gala publications, website, &amp; emails</td>
<td>X</td>
<td>X</td>
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<td>Logo/Name featured during Gala</td>
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<td>Acknowledgment from the Podium</td>
<td>X</td>
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<td>Opportunity to provide item in gift bag</td>
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<td>Opportunity to participate on stage during Gala</td>
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<td>Logo/Name “Presented by” on Program</td>
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<td>Recognition at KACF events throughout the year</td>
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</table>
SPONSORSHIPS

ANNIVERSARY
$200,000

CHAMPION
$100,000+

DIAMOND
$50,000+

PLATINUM
$25,000+

GOLD
$15,000+

TICKETS

BENEFACCTOR
$2,000

INDIVIDUAL
$1,000

CONTRIBUTION
We cannot attend the gala but wish to make a fully tax-deductible contribution in the amount of $__________

Benefactor Ticket:
One (1) seat with preferred placement, Underwrite Grantee Partner Ticket

Individual Ticket:
Limited number available

E-JOURNAL ADS

PLATINUM PAGE
$5,000

GOLD PAGE
$3,500

FULL PAGE
$2,000

HALF PAGE
$1,000

Submit as CMYK, 300 dpi PDF file with no crop marks

Ads must be submitted by April 22 to ellen@kacfny.org

For more information, contact Sarah Song at sarah@kacfny.org
CONTACT INFORMATION

Listing (as it should appear in Gala materials)

Name

Title (could be same line as Name)

Company

Address

City       State       ZIP

Phone (required)

Email (required)

PAYMENT OPTIONS

Enclosed is my payment of $________
Please make checks payable to Korean American Community Foundation

Please charge $______ to my credit card

Credit Card Number       Exp. Date

CVV

Name on Card

Signature

Payment by check mail to:
Korean American Community Foundation
Attn: Gala
135 East 64th Street
New York, NY 10065
Payment online: kacfny.org/gala2022

Non tax-deductible portion per ticket is $300.