



University of
La Verne

SPONSOR BROCHURE

SCHOLARSHIP GALA 2026
SHERATON FAIRPLEX SUITES AND CONFERENCE CENTER
601 WEST MCKINLEY AVENUE, POMONA, CA 91768

SPONSORSHIP OPPORTUNITIES

INDIVIDUAL TICKET PRICE IS \$400.

Your donation, except event costs of \$200 per ticket, is a charitable contribution.

BENEFITS	PRESENTING \$100,000 <i>One available.</i>	PLATINUM \$50,000	GOLD \$25,000	RECEPTION \$15,000 <i>One available.</i>	SILVER \$10,000	BRONZE \$5,000	TABLE \$4,000	STUDENT \$400
Name Recognition on Invitation	●							
Invitation to Sponsor Reception	●	●	●	●	●			
Dinner with President and Students	●							
Lunch with President and Students	●	●						
Name Recognition from the Podium	●	●	●	●	●			
Name Recognition on Event Signage	●	●	●	●	●	●	●	●
1 Table of 10	●	●	●	●	●	●	●	
Name on Gala Webpage	●	●	●	●	●	●	●	
Name Listed in Digital Event Program	●	●	●	●	●	●	●	●
Full Page Digital Advertisement	●	●	●	●	●			
Half Page Digital Advertisement						●		
2026 Tax Deduction	\$98,000	\$48,000	\$23,000	\$13,000	\$8,000	\$3,000	\$2,000	\$200

ADVERTISING PRICING

Digital Program Book Ads are as follows: \$2,000 for a full page and \$1,000 for half page. The digital program book will be seen at the event and shared with our 80,000+ alumni worldwide after the event.

Please send your 300dpi (high resolution) logo or image in jpg or png format with short message to Sheila Rodriguez at srodriguez3@laverne.edu by Friday, April 24, 2026.

**University of
La Verne**

RESPONSE FORM

We request confirmation on all sponsorships by Friday, April 24, 2026. If you have any questions regarding your ad, please contact Sheila Rodriguez at (909) 448-4670 or via email at srodriguez3@laverne.edu.

Please visit laverne.edu/gala to register or complete this form and mail with payment to:

**University of La Verne
University Advancement
1950 Third Street
La Verne, CA 91750**

Name of individual responsible for sponsorship purchase:

Class Year (If applicable): _____

Title: _____

Company/Org. Name: _____

Address: _____

Phone: _____

Email: _____

Name of company or individual exactly as it should appear on all printed materials:

Contact person: _____

Title: _____

Phone: _____

Email: _____

SPONSORSHIP SELECTION

Please mark all that apply:

PRESENTING SPONSOR
\$100,000

TABLE SPONSOR
\$4,000

PLATINUM SPONSOR
\$50,000

STUDENT SPONSOR
\$400

GOLD SPONSOR
\$25,000

INDIVIDUAL TICKET
\$400

RECEPTION SPONSOR
\$15,000

FULL PAGE AD
\$2,000

SILVER SPONSOR
\$10,000

HALF PAGE AD
\$1,000

BRONZE SPONSOR
\$5,000

I/We cannot attend, but please accept the enclosed tax-deductible gift.

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION

Check one (Please make checks payable to: University of La Verne, and mark "Gala" in the memo section)

Credit card: Visa Mastercard Discover Amex

Card Number _____

Expiration Date _____

CVV Code _____

Name on the Card _____

Business Personal

Authorized Signature _____

All proceeds go to University of La Verne academic scholarships.

Thank you for your support.

University of La Verne's tax identification number is 95-1644026



SCHOLARSHIP GALA 2026 / MAY 02

THANK YOU

for your consideration and commitment
to the outstanding students at the
University of La Verne.

CLICK TO REGISTER



WE REQUEST CONFIRMATION ON ALL SPONSORSHIPS BY FRIDAY, APRIL 24, 2026.

