

VISTA DEL MAR'S BOARD OF DIRECTORS + LEADERSHIP ADVISORY BOARD PRESENT

VISTA ROCKS

THIRD EYE BLIND

SATURDAY, OCTOBER 10, 2026
6PM • AVALON HOLLYWOOD



SEMI-CHARMED LIFE...\$25,000

- Signature naming opportunity inside Avalon Hollywood Theater on large LED marquees
- Name/company name included in all promotional materials, mailings, press releases and Vista Del Mar website
- Two tables of ten for dinner and concert
- Recognition in program; premier ad in digital presentation

JUMPER...\$10,000

- Preferred naming opportunity inside Avalon Hollywood Theater on large LED digital marquees
- Name/company name included on all promotional materials, mailings, press releases and Vista Del Mar website
- One table of ten for dinner and concert
- Recognition in program; preferred ad in digital presentation

HOW'S IT GOING TO BE...\$6,000

- 6 main floor loge tickets for dinner and concert
- Recognition in program; standard ad in digital presentation

NEVER LET YOU GO...\$6,000

- 8 mezzanine tickets for dinner and concert
- Recognition in program; standard ad in digital presentation

INDIVIDUAL CONCERT & DINNER TICKETS

- Please reserve ___ individual **main floor ticket(s)** at \$1,000 each.
- Please reserve ___ individual **balcony ticket(s)** at \$500 each.

All packages and tickets include valet parking.

CONTRIBUTION

- I/We cannot attend. Enclosed is my tax-deductible donation of \$_____.

PROGRAM & DIGITAL PRESENTATION

If you cannot attend, this is your opportunity to congratulate the co-chairs, committee and support Vista Del Mar. Email finished ads or provide ad copy to devinnreed@vistadelmar.org.

Digital ad specifications: PNG, JPG or PDF file, 3840 pixels wide x 2160 pixels tall.

- PREMIER DISPLAY \$10,000
- SIGNATURE DISPLAY \$5,000
- PREFERRED DISPLAY \$2,500
- STANDARD DISPLAY \$1,000

AD DEADLINE: SEPTEMBER 26, 2026

PAYMENT

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Total amount \$ _____ Check payable to Vista Del Mar Donor advised funds

Charge my: Visa MasterCard American Express

Card no _____ Exp _____ CCV _____

Name on card _____

Signature _____



VISTA DEL MAR
CHILD AND FAMILY SERVICES

MAIL PAYMENT TO: VISTA DEL MAR c/o DEVELOPMENT

3200 Motor Ave, Los Angeles, CA 90034
Email: devinnreed@vistadelmar.org
Phone: 310-836-1223 x272 • Tax I.D. #95-1647832

REGISTER ONLINE:

