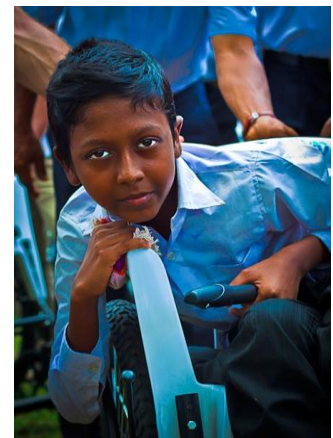




**Event Sponsorship and Ticket Opportunities**  
**July 24, 2012**

<b>Event Sponsor Levels and Benefits</b>	<b>Freedom Sponsor \$7,500</b>	<b>Independence Sponsor \$5,000</b>	<b>Hope Sponsor \$3,500</b>	<b>Dignity Sponsor \$1,500</b>	<b>Care Sponsor \$500</b>
Ticket(s) to Magic of Mobility	10	8	6	4	2
Listing on Signage and Program Screen	✓	✓	✓	✓	✓
Listing on Invitation and Website	✓	✓	✓		
Advertisement in Event Program	(Full Page)	(Half Page)	(Quarter Page)		
Feature listing in June Friday Story	✓	✓			
Listing in FWM quarterly newsletter	✓				

<b>Wheelchair Recipient Sponsors</b>	<b>Levels</b>
<b>Container (550 recipients)</b>	\$35,167.00
<b>Half Container (275 recipients)</b>	\$17,583.50
<b>Quarter Container (138 recipients)</b>	\$8823.72
<b>75 recipients</b>	\$4795.50
<b>50 recipients</b>	\$3197.00
<b>24 recipients</b>	\$1534.56
<b>12 recipients</b>	\$767.28





9th Annual Magic of Mobility Celebration
Sponsorship and Ticket Form

Yes, I/We want to help support Magic of Mobility with the following sponsorship/ticket level:

- \$7,500 Wheelchair Freedom Sponsor (\$6,860 tax deductible amount with event tickets)
\$5,000 Wheelchair Independence Sponsor (\$4,488 tax deductible amount with event tickets)
\$3,500 Wheelchair Hope Sponsor (\$3,116 tax deductible amount with event tickets)
\$1,500 Wheelchair Care Sponsor (\$1,244 tax deductible amount with event tickets)
\$500 Wheelchair Fresh Start Sponsor (\$372 tax deductible amount with event tickets)
\$150 Event ticket per person (\$86 includes event ticket and one wheelchair donation)

Yes, I/We want to support the Magic of Mobility recipient goal with the following wheelchair donation level:

- \$35,167.00 = 550 recipients (one container)
\$17,583.50 = 275 recipients (half container)
\$8,823.72 = 138 recipients (quarter container)
\$4,795.50 = 75 recipients
\$3,197 = 50 recipients
\$1,534 = 24 recipients (two per month)
\$767.28 = 12 recipients (one per month)

Total Sponsorship: \$ \_\_\_\_\_

Name/Business as you wish it to appear in program: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Method of payment:

\_\_\_\_\_ Check (Make payable to Free Wheelchair Mission)

\_\_\_\_\_ Visa/MC/AmEx

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE FAX OR MAIL NO LATER THAN MAY 4, 2012 IN ORDER TO RECEIVE PROMOTIONAL BENEFITS

For information: Angela Gomez - agomez@freewheelchairmission.org

Free Wheelchair Mission
15279 Alton Parkway, Suite 300 ♦ Irvine, CA 92618
949-273-8470 (ext 208) phone - (949) 273-8471 fax
www.freewheelchairmission.org/MOM

Your contribution is greatly appreciated and tax deductible as allowed by law.

Federal Tax ID: 31-1781635