Philippine Nurses Association of Southern California, Inc. & PNASC West LA Subchapter
A Non-Profit Corporation in California with 501(c)(3) Tax ID No. 95-440712



# SPONSORSHIP PACKET

\*\*PNASC West Los Angeles Subchapter \*\*

10th Anniversary Gala \*\*

November 8, 2025

Hilton Universal City

Website: <a href="www.mypnasc.org">www.mypnasc.org</a>





## PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA, INC. A Non-Profit Corporation in California with 501(c)(3) Tax ID No. 95-440712

June 27, 2025

#### Dear Friends, Supporters, and Community Partners,

Greetings from the Philippine Nurses Association of Southern California (PNASC) and the West Los Angeles Subchapter (WLA). The Philippine Nurses Association of Southern California (PNASC) is a 501(c)(3) non-profit professional nursing organization devoted to upholding the positive image and welfare of its members, promoting professional excellence, and contributing to significant healthcare outcomes in our communities. As a proud subchapter, PNASC WLA continues this mission through regular outreach, education, and engagement.

To celebrate a milestone of service and impact, we invite you to join us in honoring "A Decade of Excellence" at the PNASC WLA 10th Anniversary Gala on Saturday, November 8, 2025, at the Hilton Universal City. This celebration is not only a tribute to our subchapter's legacy but also a powerful opportunity to support the advancement of Filipino-American nurses and our shared vision for a healthier community.

We respectfully invite you to consider supporting this event through one of the following opportunities:

- Category 1: Gala Sponsorship Packages (5 Tiers)
- Category 2: Special Sponsorship Opportunities (4 Types)
- Category 3: Souvenir Book Advertisements
- Category 4: Open Donation "Give From the Heart"

Please see the following pages for full sponsorship details.

We thank you for your support and kind consideration. For questions about sponsorship forms or ad submissions, please contact us through <u>www.mypnasc.org</u> or email Diane Roque at pnascdiane@gmail.com or Catherine Rubio at pnasc.cathy@gmail.com.

As we are a 501(c)(3) organization, your contribution is tax-deductible (State Tax ID No. 95-4407012). We are happy to provide an invoice and official acknowledgment upon receipt of your donation.

With gratitude,

Catherine Kubio Catherine Rubio, MSN, RN, PHN, HFEN

President, 2024-2026 Philippine Nurses Association of

Southern California

Diane Roque, MSN, APRN, FNP-BC President, 2024-2026 PNASC West LA Subchapter





# PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA, INC.

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## **SPONSORSHIP CATEGORIES & BENEFITS**

	SPONSORSHIP CATEGORIES & BENEFITS									
Please mark your selected level by checking the appropriate box								1		
	Gala Spor	nsor Benefi	t	Platinum \$3000	Diamon \$2000		Gold \$1500	Silver \$1000	Bronze \$500	
٠	Gala Tickets		6	4		3	2	1		
	One Full Page	Advertise	ment	YES	YES		YES	YES	YES	
	Sponsorship Acl Promotional and D During	knowledge Digital Adve the Event	ment in ertisement							3\
	Souven	ir Journal		YES	YES		YES	YES	YES	
				3	2		1	1	1	
•	Plaque of A	Appreciatio	on	YES	YES		YES	YES	YES	SA
	Hors d'Oeuvres Reception Sponsor	\$2500	Sponsor a c reception to and set an e	urated hors d'oe o warmly welcon elegant tone for t	uvres ne guests he evening.	Incli reco of a	udes logo display ognition, 2 gala ti ppreciation and	y at event areas, ckets, and onlind 1 page ad in souv	verbal and printo e/media promoti venir book.	ed ion. Plaque
	Dessert Table Sponsor	\$2500	impression	sts and leave a la by sponsoring a le centerpiece!		reco	udes logo display ognition, 2 gala ti ppreciation and :	ckets, and online	e/media promoti	ed ion. Plaque
	Legacy & Leadership Sponsor	\$3500	display hon presidents	a tribute wall or multimedia honoring PNASC WLA past nts and the legacy of PNASC and shaping our 10-year journey.			Includes Legacy Wall/logo feature, 6 gala tickets, printed program recognition, digital exposure, and on-stage acknowledgment. Plaque of appreciation and 1 page ad in souvenir book.			
	Memories in Motion Sponsor	\$1500	video booth	un, shareable ph n experience for p ting memories.			o visibility, 1 gala ging. Plaque of ap			

I.N.S.P.I.R.E.



# PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA, INC. A Non-Profit Corporation in California with 501(c)(3)

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#### ADVERTISEMENT CONTRACT

PNASC West LA Subchapter 10th Anniversary Gala Event

We invite you to advertise in our Souvenir Book to be published in celebration of the above event. This event will support PNASC's and West LA Subchapter's charitable projects for public benefits

#### Please check your selection & fill out information below

	Back cover of Souvenir Book	\$600	
	Inside Front Cover	\$500	
	Inside back Cover	\$500	
	Full Page colored Ad	\$100	
	Half Page colored Ad	\$50	
<u>-</u>	All completed contract and artwork must be with payment. Check bo For my ad to appear correctly, I hereby agree to provide a hard copy the send an electronic copy using PDF, JPG, or MS Word file to one of the If I cannot provide such item, I agree to have my AD page layout done should be half inch or more. NO borders, please. Submit on or before	nat can be scanned or contact persons below by the printer. Margins	
Name	of Advertiser/Company		
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Autho	rized signatureSolicited by	/-9/	
Ç	amit an ar hafara Santambar 30, 2025 to Catharina Buhia at nagas gath	w@amail.com.and	

Submit on or before September 30, 2025 to Catherine Rubio at pnasc.cathy@gmail.com and Diane Roque at pnascdiane@gmail.com.

• Check payable to PNASC, Inc. Mail Check to Leilani Unite 4004 Altura Ave. La Crescenta, CA 91214
• Venmo: @Pnasc-nurses• Zelle: pnasc.cathy@gmail.com





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# Y

# **Open Donation - Give from the Heart**

PNASC West LA Subchapter 10th Anniversary Gala Event. As we celebrate a decade of service, leadership, and community, we invite you to join us as a partner in impact—at any level that's meaningful to you. Give any amount – no donation is too small. Your generosity will be acknowledged in our souvenir program unless anonymity is requested.

I would like to donate \$_						
Check box i	you would like to remain anonymous.					
Please fill out information below to be acknowledged. Thank you.						
Name of Donor		4				
Address		H				
Tel No. ( )	Email	Щ				
Authorized signature	Solicited by					

• Check payable to PNASC, Inc. Mail Check to Leilani Unite 4004 Altura Ave. La Crescenta, CA 91214

Venmo: @Pnasc-nursesZelle: pnasc.cathy@gmail.com

Submit this form and payment on or before September 30, 2025 to Catherine Rubio at pnasc.cathy@gmail.com & Diane Roque at pnascdiane@gmail.com. Thank you.





## PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA, INC.

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# **SPONSORSHIP AGREEMENT & CONTRACT**

<ul> <li>Check payable to Pi</li> <li>Venmo: @Pnasc</li> <li>Zelle: pnasc.catl</li> </ul>		ve. La Crescenta, CA 9121
	Artwork, Company logo to Catherine Rubio at il.com Diane Roque at pnascdiane@gmail.com	
☐ Submit on or before	ore September 30, 2025	
Fill out this section  Date:	*Submit Logo high-resolution digital copy	
Sponsorship selection: _		_(Bronze, Silver,Gold, etc)
Authorized signature:		\<
Print(Name):		
Position:		18
Address:		
Email:	Phone Number:	
or more information, please c	appear correctly, I hereby agree to provide a hig copy to the contacts specified below.  contact: Diane Roque at pnascdiane@gmail.com, Catherine  do not write below this line (for PNASC use only)	Rubio pnasc.cathy@gmail.co
0-1		
Paid Check No		
Submitted to	Amount \$	Date
Cash Submitted to Remarks:	Amount \$	Date