

SPONSORSHIP LEVELS

Sunday, November 16th, 2025
Four Seasons Hotel Westlake Village



Spotlight on Style

FASHION SHOW

SUNDAY, NOVEMBER 16TH, 2025

- ☐ **ENSEMBLE SPONSOR \$15,000**
- FULL PAGE Advertisement and listing/logo in Program
 - Recognition in all promotional event materials, publications, stage screen, and social media *
 - Two (2) tables featuring RUNWAY seating *** for twenty (20) guests and 20 valet parking passes
- ☐ **EN VOGUE SPONSOR \$10,000**
- FULL PAGE Advertisement and listing/logo in Program
 - Recognition in all promotional event materials, publications, stage screen, and social media *
 - One (1) table featuring RUNWAY seating *** for twelve (12) guests and 12 valet parking passes
- ☐ **SPOTLIGHT SPONSOR \$7,500**
- FULL PAGE Advertisement and listing/logo in Program
 - Recognition in all promotional event materials, publications, stage screen and social media *
 - One (1) table featuring RUNWAY seating *** for ten (10) guests and 10 valet parking passes
- ☐ **HAUTE COUTURE SPONSOR \$5,000**
- HALF PAGE Advertisement and listing/logo in Program
 - Recognition in all promotional event materials, publications, stage screen, and social media. *
 - Eight (8) preferred seats and eight (8) valet parking passes
- ☐ **COUTURE SPONSOR \$2,500**
- ONE-THIRD PAGE Advertisement and listing/logo in Program
 - Recognition in all promotional event materials, publications, and stage screen *
 - Four (4) seats and four (4) valet parking passes
- ☐ **DESIGNER SPONSOR \$1,500**
- Listing/Logo in Program
 - Recognition in all promotional event materials, publications, and stage screen *
 - Two (2) seats and two (2) valet parking passes

* Advertising deadlines apply. Sponsors may opt out of receiving ad space in the program.

** Runway seating - Limited - First Come First Serve *** All tables will be set for 10 or 12 with an exception **

Please accept my _____ sponsorship in the amount of \$ _____

In lieu of sponsoring, please accept my contribution of \$ _____

Name _____ Business Name _____

Address _____ City _____ State _____ Zip _____

Phone (home/business) _____ Cell _____ Email _____

Enclosed is a check payable to Casa Pacifica in the amount of \$ _____

OR, please charge my credit card in the amount of \$ _____

Credit Card # _____ Exp. Date _____ Security Code _____

Visa/MasterCard/American Express

For more information, visit www.casapacifica.org

Questions: Danielle Ornelas at DOrnelas@CasaPacifica.org or (805) 366-4023

Casa Pacifica is a 501(c)(3) nonprofit organization incorporated in 1988. Tax ID. 77-0195022. Version 04172025DO



CASA PACIFICA®
CENTERS FOR CHILDREN & FAMILIES