

**Mental Health Community Service Awards Gala and Luncheon  
Sponsorship Form  
Thursday, February 26, 2026 at The Turnip Rose Promenade in Costa Mesa**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ **Diamond Sponsor—\$5,000 Sponsorship**
- Recognition at event and in event program
  - Preferred event seating for 20

- ☐ **Platinum Sponsor—\$2,500 Sponsorship**
- Recognition at event and in event program
  - Preferred event seating for 12

- ☐ **Gold Sponsor—\$1,200 Sponsorship**
- Recognition at event and in event program
  - Preferred event seating for 8

- ☐ **Silver Sponsor—\$600 Sponsorship**
- Recognition at event and in event program
  - Preferred event seating for 4

- ☐ **Bronze Sponsor—\$300 Sponsorship**
- Recognition in event program
  - Preferred event seating for 2

- ☐ **Table Sponsor—\$600**
- Seating for 8

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*Please complete the information below and return with your payment*

Amount Enclosed: \_\_\_\_\_

Credit Card Authorization: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please return your underwriting pledge/check or credit card information by February 13, 2026:**

*Sponsors who return the form by December 1, 2025 will have their names listed on the event invitation*

By mail: MHA, Community Service Awards, 1971 E. 4<sup>th</sup> Street, Suite 130A, Santa Ana, CA 92705

By email: [presnall@mhaoc.org](mailto:presnall@mhaoc.org)

By secure E-fax: (714) 640-5767

For additional information, call (714) 547-7559

Please make checks payable to MHAOC

IRS Tax ID: 95-2036972