

**DONOR
NETWORK WEST
FOUNDATION**

proudly presents

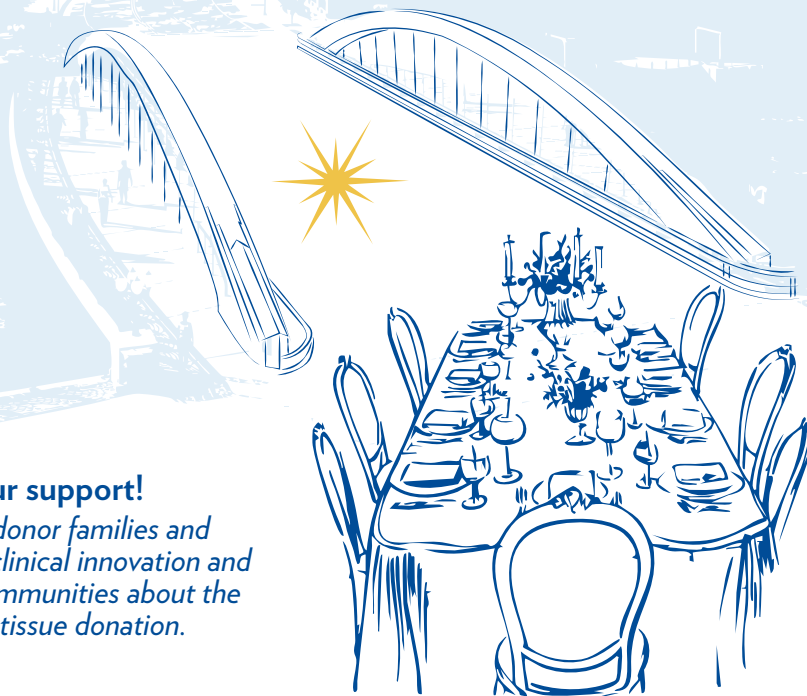
TOGETHER *as* ONE
RENO NEVADA 2025

Saturday, May 31st, 2025 | 4:30pm - 7:30pm

Join Donor Network West as we gather **Together as One** to help bridge the gap in organ, eye and tissue donation. This unique event will bring together community leaders, donor families, recipients, organ donation advocates and more to share a meal al fresco at one expansive table on the iconic Virginia Street Bridge in Reno, Nevada. Don't miss this unforgettable evening of connection and impact!

Special thank you to the City of Reno for their partnership in this event.

Presenting sponsor



Thank you for your support!

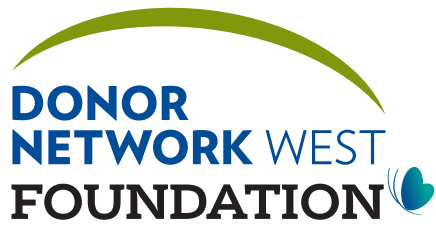
Our mission is to support donor families and transplant recipients, to fund clinical innovation and research, and educate our communities about the power of organ, eye and tissue donation.

Sponsorships include entries for the group size of your choosing. We invite you to share the experience with your team, colleagues, family, and friends!

SPONSORSHIP OPPORTUNITIES	INSPIRATION LEADER \$10,000	LEGACY BUILDER \$5,000	UNITY ADVOCATE \$2,500	COMMUNITY CHAMPION \$1,000	NEIGHBORHOOD ALLY \$500
Company logo on social media	✓	✓	✓	✓	✓
Company logo recognition on event website and on day of event signage	✓	✓	✓		
Logo prominently displayed on event materials, website, and press releases	✓				

foundation@dnwest.org | 510.999.0179 | DonorNetworkWest.org/Foundation | EIN #: 92-3408704

TogetherAsOneNV.org



proudly presents

TOGETHER *as* ONE

RENO NEVADA 2025



Company/Organization: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Media Handles: _____

Yes, I want to be a proud sponsor.

Please make your selection.

- Inspiration \$10,000
- Legacy \$5,000
- Unity \$2,500
- Community \$1,000
- Neighborhood \$500

Method of Payment

- Check enclosed
- Please charge my credit card
- Please send me an invoice

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____

Signature Required for Payment: _____

Please make check payable to **Donor Network West Foundation** and write your sponsorship level in the memo line. Return completed form and check to **12667 Alcosta Blvd., Suite 500, San Ramon, CA 94583**

Your sponsorship is tax-deductible less the fair market value of \$75 for each of your guests.