

Mendez National Institute of Transplantation Foundation

Coming Soon!

Linked by Love

A Family Story About Kidney Disease

Sponsorship Levels

- EXECUTIVE PRODUCER (maximum of 4)..... \$100,000
Credit as Executive Producer (EP) in opening and end credits of episodes, EP credit on IMDb, the world's most popular Film, TV, and celebrity content site; EP credit on MNITF's websites and in newsletter; lunch on set\*; and invitation to wrap party (\*see note below)
CONTRIBUTING PRODUCER (maximum of 6) ..... \$50,000
Credit as Contributing Producer (CP) in opening and end credits of episodes, CP credit on MNITF's websites and in newsletter; lunch on set\*; and invitation to wrap party (\*see note below)
ASSOCIATE PRODUCER (maximum of 6) .....\$25,000
Credit as Associate Producer (AP) in end credits of an episode AP credit on MNITF's websites and in newsletter; and invitation to wrap party
CAMEO SPEAKING ROLE (maximum of 2; one line for each) .....\$10,000
Character credit in end credits of episode; listed as a Featured Contributor on MNITF's websites and in newsletter; and invitation to wrap party (\*see note below)
WALK-ON ROLE (maximum of 2; no lines) .....\$7,500
Listed as a Contributor in end credits of episode; listed as a Contributor on MNITF's websites and in newsletter; and invitation to wrap party (\*see note below)
CONTRIBUTOR .....\$10,000-\$1,000
Listed as a Contributor in end credits of series; listed as a Contributor on MNITF's websites and in newsletter

Sponsorship Levels: Your contribution will go directly to the production of Linked by Love, an edutainment project that will provide information to the public about kidney transplantation, living donation, and kidney disease prevention. Your contribution is considered a sponsorship only, and there will be no involvement with actual production. Production is expected to be complete in mid 2022. All contributions are tax-deductible to the full extent of the law; please discuss with your accountant or tax professional. (501c3, Tax I.D. #95-445-0030)

\* Due to COVID-19, there may be production requirements that may require a negative COVID-19 test and other restrictions to be on set.

- I would like to be a Sponsor (type and amount) \_\_\_\_\_
I would like to make a donation of \$ \_\_\_\_\_

Please list my/company name as \_\_\_\_\_
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Checks are payable to: National Institute of Transplantation Foundation

Or, please charge my \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip \_\_\_\_\_
Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Send this form to:

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For more information please contact Nicole Mendez at 424.358.4450