



# SPONSORSHIP OPPORTUNITIES

Sunday, September 25, 2016

10:00 a.m. - 2:00 p.m.

- PRESENTING SPONSOR - \$150,000  
(\$144,700 is tax-deductible)
- WINDJAMMER SPONSOR - \$50,000  
(\$47,880 is tax-deductible)
- WAVE SPONSOR - \$2,500  
(\$2,188 is tax-deductible)
- VIP AREA SPONSOR - \$100,000  
(\$97,320 is tax-deductible)
- BEACH CRUISER SPONSOR - \$25,000  
(\$23,928 is tax-deductible)
- LIFEGUARD SPONSOR - \$1,200  
(\$1,000 is tax-deductible)
- BOARDWALK SPONSOR - \$100,000  
(\$97,320 is tax-deductible)
- STARFISH SPONSOR - \$10,000  
(\$9,202 is tax-deductible)
- I/We are unable to attend, but please accept this donation to The UCLA Foundation \$\_\_\_\_\_
- LIGHTHOUSE SPONSOR - \$75,000  
(\$72,820 is tax-deductible)
- SEASHELL SPONSOR - \$5,000  
(\$4,576 is tax-deductible)

*All sponsorships will be recognized as described in the sponsorship packet.*

## Sponsor Contact Information

Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 (Circle one) Mr. Ms. Mrs. Dr. Other \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Home Address \_\_\_\_\_ Company Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_ City, State ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_ Business Email \_\_\_\_\_

Preferred Address:  Home  Business Preferred Email:  Home  Business

This is a joint gift. Spouse/Partner name \_\_\_\_\_

Please list my/our name(s) as \_\_\_\_\_

Please do not list my/our name(s) on Party on the Pier materials  Accept my/our donation as an anonymous gift

## Payment Information

Check: Make check payable to *The UCLA Foundation*  Credit Card:  VISA  MasterCard  American Express  Discover

Name on Card (print) \_\_\_\_\_ Amt. to be Charged: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_

In addition to my/our personal gift, I/we have enclosed a matching gift form.

I/We are interested in  a tour of the Hospital  learning about your research projects and/or programs

Please return this form and your logo by **July 1, 2016** for recognition in the invitation, and by **August 26, 2016** to ensure proper name and logo placement in all collateral materials. All artwork must be submitted as an EPS file; email artwork to [ddietz@mednet.ucla.edu](mailto:ddietz@mednet.ucla.edu).

For more information on sponsorship recognition, contact Danielle Dietz, Mattel Children's Hospital UCLA, phone: (310) 794-4431 email: [ddietz@mednet.ucla.edu](mailto:ddietz@mednet.ucla.edu) ■ [www.partyonthepier.ucla.edu](http://www.partyonthepier.ucla.edu)

Please review UCLA's and The UCLA Foundation's Disclosure Statements for Prospective Donors at [www.uclafoundation.org/disclosures](http://www.uclafoundation.org/disclosures), or contact the development director listed on this form.

Fundraising Permit: In compliance with the Charitable Solicitation Ordinance in the City of Los Angeles (L.A. Municipal Code Article 4, Section 44), The UCLA Foundation's permit is on file with the City of Los Angeles.  
Tax ID: 95-2250801

If you do not wish to receive further fundraising information from UCLA Health Sciences, please either call us at 855-364-6945 or email us at [OptOutUCLAHSD@support.ucla.edu](mailto:OptOutUCLAHSD@support.ucla.edu).