



SPONSORSHIP OPPORTUNITIES

Sunday, November 5, 2017
10:00 a.m. - 2:00 p.m.

- | | | |
|---|--|--|
| <input type="checkbox"/> PRESENTING SPONSOR - \$150,000
(\$144,700 is tax-deductible) | <input type="checkbox"/> BEACH CRUISER SPONSOR - \$25,000
(\$23,928 is tax-deductible) | <input type="checkbox"/> I/We are unable to attend, but please donate all of the admission tickets from my sponsorship package for use by UCLA Mattel Children's Hospital patient families. (Sponsorship package becomes 100 percent tax-deductible upon donation of admission tickets.) |
| <input type="checkbox"/> VIP AREA SPONSOR - \$100,000
(\$97,320 is tax-deductible) | <input type="checkbox"/> STARFISH SPONSOR - \$10,000
(\$9,202 is tax-deductible) | |
| <input type="checkbox"/> POWER OF PLAY AREA SPONSOR - \$100,000
(\$97,320 is tax-deductible) | <input type="checkbox"/> SEASHELL SPONSOR - \$5,000
(\$4,576 is tax-deductible) | <input type="checkbox"/> I/We are unable to attend, but please accept this donation to The UCLA Foundation \$_____ |
| <input type="checkbox"/> CELEBRITY PHOTO BOOTH AREA SPONSOR - \$75,000
(\$72,820 is tax-deductible) | <input type="checkbox"/> WAVE SPONSOR - \$2,500
(\$2,188 is tax-deductible) | |
| <input type="checkbox"/> WINDJAMMER SPONSOR - \$50,000
(\$47,880 is tax-deductible) | <input type="checkbox"/> LIFEGUARD SPONSOR - \$1,200
(\$1,000 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: <input type="checkbox"/> Home <input type="checkbox"/> Business	Preferred Email: <input type="checkbox"/> Home <input type="checkbox"/> Business
<input type="checkbox"/> This is a joint gift. Spouse/Partner name _____	
Please list my/our name(s) as _____	
<input type="checkbox"/> Please do not list my/our name(s) on Party on the Pier materials <input type="checkbox"/> 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 **August 1, 2017** for recognition in the invitation, and to ensure proper name and logo placement in all collateral materials. All artwork must be submitted as an EPS file; email artwork to mmoursi@support.ucla.edu.

For more information on sponsorship recognition, contact Molly Moursi, UCLA Mattel Children's Hospital, 650 Charles E. Young Dr. South, Suite 12-260, Los Angeles, CA 90095 ■ phone: (310) 267-1826 ■ email: mmoursi@support.ucla.edu ■ www.partyonthe pier.ucla.edu

Please review UCLA's and The UCLA Foundation's Disclosure Statements for Prospective Donors at 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. In compliance with the Charitable Solicitation Ordinance in the City of Beverly Hills (Under Article 8, Section 4-3-801 of the Beverly Hills Municipal Code (BHMC), The UCLA Foundation's permit is on file with the City of Beverly Hills. 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