



SPONSORSHIP OPPORTUNITIES

Sunday, November 18, 2018
10:00 a.m. - 2:00 p.m.

- PRESENTING SPONSOR - \$150,000**
(\$144,700 is tax-deductible)
- VIP AREA SPONSOR - \$100,000**
(\$97,320 is tax-deductible)
- POWER OF PLAY AREA SPONSOR - \$100,000**
(\$97,320 is tax-deductible)
- CELEBRITY PHOTO BOOTH AREA SPONSOR - \$75,000**
(\$72,820 is tax-deductible)
- WINDJAMMER SPONSOR - \$50,000**
(\$47,880 is tax-deductible)

- BEACH CRUISER SPONSOR - \$25,000**
(\$23,928 is tax-deductible)
- STARFISH SPONSOR - \$10,000**
(\$9,202 is tax-deductible)
- SEASHELL SPONSOR - \$5,000**
(\$4,576 is tax-deductible)
- WAVE SPONSOR - \$2,500**
(\$2,188 is tax-deductible)
- LIFEGUARD SPONSOR - \$1,200**
(\$1,000 is tax-deductible)

- 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.)
- I/We are unable to attend, but please accept this donation to The UCLA Foundation \$_____

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 13, 2018** 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 ddietz@support.ucla.edu.

For more information on sponsorship recognition, contact Danielle Dietz, UCLA Mattel Children's Hospital, 650 Charles E. Young Dr. South, Suite 12-260, Los Angeles, CA 90095 ■ phone: (310) 267-4098 ■ email: ddietz@support.ucla.edu ■ www.partyonthepier.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