



CHILDREN'S
HOSPITAL
BRANCHES
HILL

SPONSOR REGISTRATION FORM
Hill Branch Valentine's Dance Party - February 11, 2023
Benefiting UCSF Benioff Children's Hospital Oakland

Sponsor Name (as you want it to appear on the event signage and related advertising):

Company and/or individual name(s): _____

Address: _____

Email: _____

How did you hear about us? _____

Sponsor Levels (please select):

____ **Sweetheart** includes six tickets (\$3,000+)

____ **Hugs & Kisses** includes four tickets (\$2,000+)

____ **Be Mine** includes two tickets (\$1,000+)

____ Another Donation Amount: _____

For individuals, does your company participate in a matching donor program? _____

Company Name: _____

Contact Name: _____ Phone: _____ Email: _____

Method of Payment:

____ Check (made payable to Children's Hospital Branches, Inc.)

____ Credit Card

Name as it appears on card: _____

Credit Card #: _____ Expires: _____

Address: _____

Event Signage Recognition:

Please submit logo artwork as soon as possible to hillbranch@hillbranch.org. Electronic formats are preferred (for example .pdf, .eps, .jpg). Contact information for questions about event signage:

Name: _____ Phone: _____

____ I/we prefer that our donation remain anonymous

Will you use your complimentary tickets to the event?

____ I/we plan to use _____ (number of tickets)

____ I/we will not need any tickets for this event

Please mail this response form to the address below or email:

Contact: Laura Z Giles lauragiles66@gmail.com 14 Juniper Way, Moraga, CA 94556 925-787-8877