



Sponsor Response Form

Yes, I would like to support the HillSides Annual Gala 2019 in the following category:

\$25,000

- Recognition as Title Sponsor in all Gala printed materials, including name recognition on the invitation, live and silent auction signage, auction visual display, and press releases
- Two tables of 10 with premier seating
- 1-night accommodation in a deluxe room at The Langham Huntington, Pasadena (event night only)
- 20 opportunity drawing tickets
- Full-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- Including all awarded to \$500 sponsors

\$15,000

- Table for 12 with premier seating
- Full-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- Including all awarded to \$500 sponsors

\$10,000

- Table for 10 with premier seating
- Full-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- Including all awarded to \$500 sponsors

\$5,000

- Six event tickets
- Half-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- Including all awarded to \$500 sponsors

\$2,000

- Two event tickets
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- Including all awarded to \$500 sponsors

\$500

- Invitation to Sponsor Reception
- Event program acknowledgement
- Acknowledgement in HillSides Annual Report
- Tax Deduction

Enclosed is our sponsorship in the amount of: _____ (Make check payable to: HillSides)

Yes, I plan to attend the event Yes, I plan to use the program advertisement

Please charge my credit card for our sponsorship: Visa Mastercard Amex

Card number: _____ Exp. _____

Please bill us for our sponsorship in the amount of: _____

We wish to remain anonymous. Please do not list our names.

Donor name(s) as you wish to be listed: _____

Contact person: _____ E-mail: _____

Street address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Fax number: _____

Yes, I plan to have my donation matched with a corporate gift!

Many generous corporations provide matching gift programs. Ask your employer for a matching gift form, fill it out and enclose it along with your check and this form.

Please return donation with form by November 30, 2018 to be included in all publications.

MAIL TO: HillSides Advancement Services - 815 Colorado Blvd., Suite 300, Los Angeles, CA 90041

If you have any questions, please contact Carrie Espinoza at 323.543.2800, ext. 12221, fax at 323.978.1636, or email at cespinoza@hillsides.org. Learn more at www.hillsides.org.

HillSides is an IRS-designated 501(c)(3) nonprofit organization, Federal tax identification number: 95-1644002