



Saturday, February 4, 2023 Hotel del Coronado  
Benefiting the Chadwick Center for Children & Families at Rady Children's Hospital – San Diego



## SPONSORSHIP & ADVERTISING CONTRACT

**CONTRACT & PAYMENT DUE NOVEMBER 4, 2022**

**PHOTOS & TEXT DUE NOVEMBER 18, 2022**

SPONSOR OR COMPANY NAME

DATE

ADDRESS

CITY

ZIP

PHONE

AD CONTACT/AUTHORIZED BY

EMAIL

CHARITY BALL INVITATION RECIPIENT

EMAIL

ADDRESS

CITY

ZIP

PHONE

### SPONSORSHIP LEVELS\*

- |   |           |              |
|---|-----------|--------------|
| <input type="checkbox"/> NOTHING BUT THE BEST | \$175,000 | (FMV \$2400) |
| <input type="checkbox"/> COME FLY WITH ME     | \$80,000  | (FMV \$1200) |
| <input type="checkbox"/> MY WAY               | \$50,000  | (FMV \$600)  |
| <input type="checkbox"/> CLOSE TO YOU         | \$25,000  | (FMV \$600)  |
| <input type="checkbox"/> COME DANCE WITH ME   | \$10,000  | (FMV \$300)  |
| <input type="checkbox"/> SWING EASY           | \$5,000   | (FMV \$300)  |
| <input type="checkbox"/> ALL THE WAY          | \$1,500   | (FMV \$0)    |

### PROMOTIONAL LEVELS\*

- |  |          |             |
|--|----------|-------------|
| <input type="checkbox"/> PRE-BALL SPONSOR          | \$25,000 | (FMV \$600) |
| <input type="checkbox"/> BALL SPONSOR              | \$25,000 | (FMV \$600) |
| <input type="checkbox"/> ENTERTAINMENT SPONSOR     | \$15,000 | (FMV \$300) |
| <input type="checkbox"/> DESSERT SPONSOR           | \$10,000 | (FMV \$300) |
| <input type="checkbox"/> INVITATION SPONSOR        | \$5,000  | (FMV \$300) |
| <input type="checkbox"/> FLORAL SPONSOR            | \$5,000  | (FMV \$300) |
| <input type="checkbox"/> SIGNATURE TEQUILA SPONSOR | \$4,000  | (FMV \$0)   |

### SOUVENIR BOOK ADVERTISEMENT

- |  |         |   |       |  |       |
|--|---------|---|-------|--|-------|
| <input type="checkbox"/> FULL PAGE - That's Life | \$2,000 | <input type="checkbox"/> FULL PAGE - Non-Profit | \$500 | <input type="checkbox"/> FULL PAGE - Family/Personal | \$495 |
|--|---------|---|-------|--|-------|

\*Donors at these levels will receive two (2) invitations to the Pre-Ball Reception. Other benefits vary, please see Sponsorship & Advertising Opportunities Brochure for full details.

### FOR PROGRAM ADVERTISEMENTS PLEASE CHECK ALL THAT APPLY

- ☐ I would like a photo taken by Charity Ball photographer (see reverse side of this contract)
- ☐ I would like you to select a Rady Children's Hospital or Committee photo for my page
- ☐ I will supply my own photo with complete caption and greeting

**\*PLEASE PROVIDE THE CAPTION/INFORMATION FOR YOUR SOUVENIR PAGE ON THE REVERSE SIDE**

**TOTAL DONATION AMOUNT: \$** \_\_\_\_\_

**PAYMENT:** Make checks payable to **RCHF-CHARITY BALL 2023**

### BILL MY CREDIT CARD

☐ VISA ☐ MASTERCARD ☐ AMEX

ONLINE PAYMENT AVAILABLE AT: [www.comeflywithme2023.com](http://www.comeflywithme2023.com)

NAME ON CARD

CARD #

EXPIRATION DATE

SIGNATURE

CHARGE AMOUNT

Thank you for your support!

Tax ID # 33-0170626





## DETAILS

### PHOTOGRAPHY

Please contact Charity Ball Photographer Dave Siccardi to make an appointment (cost included in your ad).

You will have a maximum 1-hour appointment for one photo for the Souvenir Program Book. Any services requested beyond this must be negotiated and paid directly to Dave Siccardi.

(760) 415-5507    [davesiccardi@sbcglobal.net](mailto:davesiccardi@sbcglobal.net)

### RETURN SIGNED CONTRACT & PAYMENT BY NOVEMBER 4, 2022 TO:

Laura O'Sullivan

Rady Children's Hospital Foundation

3020 Children's Way MC5005

San Diego, CA 92123

### E-MAIL YOUR PHOTO AND TEXT BY NOVEMBER 18, 2022:

Dee Ammon

[dammon2@me.com](mailto:dammon2@me.com)

For Files 10MB+ Please Send Via Dropbox: [www.bit.ly/3xtyxwv](https://www.bit.ly/3xtyxwv)

### FOR QUESTIONS ABOUT DONOR & SPONSORSHIP OPPORTUNITIES PLEASE CONTACT:

Danitza Villanueva

(619) 778-2397

[danitza@gsban.com](mailto:danitza@gsban.com)

### THANK YOU!

You will receive a receipt acknowledging the tax deductibility of your donation, which will be based on the difference between the total amount contributed and the value of goods/services received. For further information, please contact Laura O' Sullivan at Rady Children's Hospital Foundation at (619) 822-1061 or [losullivan@rchsd.org](mailto:losullivan@rchsd.org).

### SOUVENIR PROGRAM CAPTION

Photo Identification: \_\_\_\_\_  
(list names by row and left to right)

Greeting: \_\_\_\_\_

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(100 words maximum, if over twenty words, please supply a separate word document by email)

