

Starry Night

SATURDAY
17 FEBRUARY 2024
HOTEL DEL CORONADO



115TH ANNIVERSARY CHARITY BALL

BENEFITING PALLIATIVE CARE AT RADY CHILDREN'S HOSPITAL-SAN DIEGO

SPONSORSHIP & ADVERTISING CONTRACT

CONTRACT & PAYMENT DUE NOV 15 2023

PHOTOS, CAPTION & GREETING DUE DEC 1 2023

PLEASE PRINT OR TYPE

Information can also be submitted and paid online at www.radyfoundation.org/charityball

SPONSOR OR FIRM NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

AD CONTACT/AUTHORIZED BY _____ EMAIL _____

CHARITY BALL INVITATION RECIPIENT _____ CITY _____ ZIP _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

QTY	SPONSORSHIP LEVELS*		QTY	ADVERTISING*	
	DIAMOND	\$100,000		TWO PAGE - Commercial	\$1,800
	PLATINUM	\$75,000		FULL PAGE - Commercial	\$1,000
	GOLD	\$50,000		HALF PAGE - Commercial	\$500
	SILVER	\$25,000		FULL PAGE - Nonprofit	\$500
	PATRON	\$10,000		FULL PAGE - Family/Personal	\$495
	BENEFACTOR	\$5,000		DONOR - Listing of Name Only	\$395
	FRIEND	\$2,500		DONATION	\$

CUSTOM PROMOTIONAL OPPORTUNITIES*

	PRE-BALL RECEPTION SPONSOR	\$25,000
	SOUVENIR PROGRAM SPONSOR	\$25,000
	INVITATION SPONSOR	\$25,000
	SAVE-THE-DATE SPONSOR	\$15,000
	VALET PARKING SPONSOR	\$5,000
	WINE SPONSOR	\$5,000
	CHAMPAGNE SPONSOR	\$5,000

*Please see Custom Sponsorship Opportunities in the brochure for full details

FOR PROGRAM ADVERTISEMENTS: PLEASE CHECK ALL THAT APPLY

	I would like a photo taken by the Charity Ball photographer. (see reverse side of this contract).
	I would like you to select a Rady Children's or committee photo for my page.
	I will supply my own ad or photo with complete caption and greeting/message.
	The souvenir program will be published online. Please include my page. <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE INCLUDE THE CAPTION TO APPEAR BELOW THE PHOTO AND THE MESSAGE FOR YOUR PAGE:

Photo Caption: _____
(List names by row and left to right)

MESSAGE/GREETING: PLEASE PROVIDE YOUR MESSAGE ON THE BACK OF THIS CONTRACT OR ON A SEPARATE WORD DOCUMENT WITH YOUR FULL NAME AT THE TOP.

Please see reverse side of this form for payment and artwork specifications.

PAYMENT: Make checks payable to RCH-CHARITY BALL 2024

BILL MY CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER
CONTRACT AND PAYMENT CAN ALSO BE COMPLETED ONLINE: www.radyfoundation.org/charityball
Payment may be given by phone. Call Ashley Dawson at 858-966-8477.
For your security, do not include credit card information in an email.

BILLING ADDRESS

STREET	CITY	STATE	ZIP
CARD #	EXP DATE (MM/YY)	CVV	\$
SIGNATURE			CHARGE AMOUNT

CONTRACT AND PAYMENT DUE **NOV 15 2023**
ARTWORK, PHOTO, CAPTION AND GREETING DUE **DEC 1 2023** **Tax ID#33-0170626**

RETURN SIGNED CONTRACT AND PAYMENT BY NOV 15 2023 TO
Ashley Dawson
Rady Children's Hospital Foundation
3020 Children's Way MC5005
San Diego, CA 92123

ARTWORK SPECIFICATIONS

FULL PAGE	7" W x 9 1/2" H
HALF PAGE	7" W x 4 3/4" H

All copy must fit within these dimensions. Ad will be set in typeface consistent with program style.

PHOTOGRAPHY

Please contact Charity Ball photographer Dave Siccardi to make an appointment (complimentary sitting) at davesiccardi@icloud.com or 760-415-5507

EMAIL YOUR HIGH-RESOLUTION JPEG, PNG OR PDF FILE WITH CAPTION AND GREETING BY DEC 1 2023 TO:
Janet Reed at reedjanetl@aol.com

NOTE: Cell photos must be set to largest format. Actual photographs and hard copy documents may be mailed to Ashley Dawson at the Hospital address above.

MESSAGE/GREETING (OR ATTACH A SEPARATE WORD DOCUMENT)

FOR QUESTIONS AND INFORMATION ON DONOR AND SPONSORSHIP OPPORTUNITIES, PLEASE CONTACT
Bridgett Brown at charityball2024@gmail.com or 619-871-2997

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 any goods/services received. For further information, please contact Ashley Dawson at adawson@rchsd.org or 858-966-8477. **Thank you!**