

### 116TH ANNIVERSARY CHARITY BALL

Saturday, February 8, 2025 | Hotel del Coronado

contract & payment

**DUE NOV. 8, 2024** 

final art OR photos, caption & message

**DUE DEC. 4, 2024** 



Benefiting Rady Children's Pediatric Intensive Care Unit

### SPONSORSHIP, UNDERWRITING & ADVERTISING CONTRACT Please print or type.

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

SPONSOR OR FIRM NAME	EMAIL		DATE	
ADDRESS	CITY	ZIP	PHONE	
AUTHORIZED BY	EMAIL			
AD CONTACT	EMAIL		PHONE	
CHARITY BALL INVITATION RECIPIENT	EMAIL			
ADDRESS FOR INVITATION	CITY	ZIP	PHONE	
SPONSORSHIP LEVELS <sup>1</sup>		ADVERTISING <sup>1</sup>		
☐ TITLE	\$100,000	☐ TWO-PAGE Commercial	\$1,800	
□ DIAMOND	\$75,000	☐ FULL-PAGE Commercial .	\$1,000	
□ GOLD	\$50,000	☐ HALF-PAGE Commercial .	\$500	
□ SILVER	\$25,000	☐ FULL-PAGE Nonprofit	\$500	
□ PEARL	\$10,000	•	nal\$49	
□ PATRON	\$5,000		only)	
□ BENEFACTOR	\$2,500		\$	
☐ FRIEND				
CUSTOM PROMOTIONAL UNDERWRI	TING OPPORTUN	ITIES <sup>2</sup>		
☐ PRESENTING PRE-BALL RECEPTION	SPONSOR		\$25,000	
☐ SOUVENIR PROGRAM SPONSOR			\$25,000	
☐ INVITATION SPONSOR			\$20,000	
☐ ORCHESTRA SPONSOR		•••••	\$15,000	
☐ FLORAL & DECOR SPONSOR			\$10,000	
☐ VALET PARKING SPONSOR			\$5,000	
☐ WINE SPONSOR			\$5,000	
☐ CHAMPAGNE SPONSOR			\$5,000	
☐ PHOTOGRAPHY SPONSOR			\$2,500	
<sup>1</sup> Please see Sponsorship & Advertising Opportunities in <sup>2</sup> Please see Custom Underwriting Opportunities in the <i>b</i>	the brochure or online for f vrochure or online for full d	ull details. etails.		
FOR PROGRAM ADVERTISEMENTS:				
☐ I would like a photo taken by the Charity	y Ball photographer (	(see reverse side of this contract).		
☐ I would like you to select a Rady Childre		•	vailable).	
☐ I will supply my own ad or photo with co	-	0		
TAX ID #33-0170626	PLEASE SEE REVERSE SIDE OF THIS FORM FOR PAYMENT, ART SPECIFICATIONS & WHAT TO TRANSMIT TO COMPLETE YOUR AD			





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Rady Childrens

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☐ PAYMENT ENCLOSED Please make	e checks payable to <b>RCH-CHARI</b>	TY BALL 2025	
☐ <b>BILL MY CREDIT CARD</b> ☐ VISA	☐ MASTERCARD ☐ AMEX	☐ DISCOVER	
$\square$ CONTRACT & PAYMENT CAN AL	SO BE COMPLETED ONLINE	: radyfoundation.org/cha	rityball
Payment may be provided by phone. Call a in an email.	Ashley Dawson at 858-966-8477.	For your security, do not in	clude credit card information
NAME ON CARD			
ADDRESS	CITY/S	TATE	ZIP
CARD#	EXPIRA	TION DATE (MM/YY)	CVV

SIGNATURE CHARGE AMOUNT \$

## RETURN SIGNED CONTRACT & PAYMENT BY NOV. 8, 2024, IN ENCLOSED ENVELOPE OR TO:

#### **Ashley Dawson**

Rady Children's Hospital Foundation 3020 Children's Way MC5005 San Diego, CA 92123

# FOR QUESTIONS OR INFORMATION ON SPONSORSHIP & UNDERWRITING OPPORTUNITIES, PLEASE CONTACT:

#### Micki Olin

molincharityball@gmail.com 858-354-7870

#### ARTWORK SPECIFICATIONS

Full Page

7" W x 9 1/2" H

Half Page

 $7" W x 4 \frac{3}{4}" H$ 

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

## TO ARRANGE A PHOTOGRAPH\* FOR A PERSONAL AD, PLEASE CONTACT:

Our Charity Ball photographer to make an appointment (complimentary sitting) at:

#### Dave Siccardi

davesiccardi@icloud.com 760-415-5507

\*must schedule by Oct. 30

## BY DECEMBER 4, 2024, PLEASE EMAIL THE FOLLOWING TO programcharityball@gmail.com:

1. YOUR HIGH-RESOLUTION JPEG, PNG OR PDF FILE

**Note:** Cell phone photos must be set to largest format and transmitted via email, not text.

- 2. CAPTION TO APPEAR BELOW PHOTO List names by row and left to right
- 3. MESSAGE/GREETING
- 4. PLEASE CLEARLY INCLUDE YOUR NAME WITH THESE DOCUMENTS

You will receive a receipt acknowledging the tax deductibility of your contribution, which excludes the Fair Market Value of any benefits received.

#### FOR FURTHER INFORMATION, PLEASE CONTACT:

Ashley Dawson adawson@rchsd.org

858-966-8477

THANK YOU FOR YOUR SUPPORT OF THE PEDIATRIC INTENSIVE CARE UNIT AT RADY CHILDREN'S HOSPITAL