

Saturday, February 28, 2026 | Hotel del Coronado

contract & payment DUE NOV. 7, 2025

final art OR photo caption & message

DUE DEC. 5, 2025



Benefiting Rady Children's Peckham Center for Cancer & Blood Disorders

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 ¹		ADVERTISING ¹		
TITLE\$10	00,000	TWO-PAGE Commercial\$1,800 FULL-PAGE Commercial\$1,000		
DIAMOND\$	\$75,000			
GOLD\$	50,000	HALF-PAGE Commercial	HALF-PAGE Commercial	
SILVER\$	525,000	FULL-PAGE Nonprofit\$500FULL-PAGE Family/Personal\$4DONOR (Listing of name only)\$3		
PEARL\$	510,000			
PATRON	\$5,000			
BENEFACTOR	.\$2,500	DONATION	\$	
friend	\$1,500			
CUSTOM PROMOTIONAL UNDERWRITING OPPO	DRTUNITI	TES ²		
PRESENTING SPONSOR			\$25,000	
SOUVENIR PROGRAM SPONSOR			\$25,00	
INVITATION SPONSOR			\$20,00	
ORCHESTRA SPONSOR				
FLORAL & DECOR SPONSOR				
VALET PARKING SPONSOR			\$5,00	
WINE SPONSOR			\$5,0.00	
CHAMPAGNE SPONSOR			\$5,00	
PHOTOGRAPHY SPONSOR				

¹ Please see Sponsorship & Advertising Opportunities in the brochure or online for full details.

FOR PROGRAM ADVERTISEMENTS:

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 (limited number available).

I will supply my own ad or photo with complete caption and greeting/message.

TAX ID #33-0170626

PLEASE SEE REVERSE SIDE OF THIS FORM FOR PAYMENT, ART SPECIFICATIONS & WHAT TO TRANSMIT TO COMPLETE YOUR AD



² Please see Custom Underwriting Opportunities in the brochure or online for full details.



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PAYMENT { TAX ID #33-0170626 }

PAYMENT ENCLOSED Please make checks payable to RCH-CHARITY BALL 2026

BILL MY CREDIT CARD VISA MASTERCARD AMEX DISCOVER CONTRACT & PAYMENT CAN ALSO BE COMPLETED ONLINE: radyfoundation.org/charityball

Payment may be provided by phone. Call Leena Laumann at 858-966-8089. For your security, do not include credit card information in an email.

NAME ON CARD

ADDRESS

CITY/STATE

ZIP

CARD #

EXPIRATION DATE (MM/YY)

CVV

SIGNATURE CHARGE AMOUNT \$

RETURN SIGNED CONTRACT & PAYMENT BY NOV. 7, 2025, IN ENCLOSED ENVELOPE OR TO:

Leena Laumann

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

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

Caroline Wohl

carolinewohl1@gmail.com 619-847-9645

ARTWORK SPECIFICATIONS

Full Page 7" W x 9 ½" H Half Page 7" W x 4 ¾" 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 Nov. 7

BY DECEMBER 5, 2025, PLEASE EMAIL THE FOLLOWING TO programcharityball@gmail.com:

I. 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:

Leena Laumann

858-966-8089 llaumann@rchsd.org THANK YOU FOR YOUR SUPPORT OF RADY CHILDREN'S PECKHAM CENTER FOR CANCER AND BLOOD DISORDERS