

Saturday, February 28, 2026 | Hotel del Coronado

contract & payment DUE NOV. 7, 2025

final art OR photos, 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

| □ DIAMOND .\$75,000 □ FULL-PAGE Commercial □ GOLD \$50,000 □ HALF-PAGE Commercial □ SILVER .\$25,000 □ FULL-PAGE Nonprofit □ PEARL .\$10,000 □ FULL-PAGE Family/Personal □ PATRON .\$5,000 □ DONOR (Listing of name only) | SPONSOR OR FIRM NAME | EMAIL | | DATE |
|---|---|---------------------|--|--|
| AD CONTACT EMAIL CHARITY BALL INVITATION RECIPIENT EMAIL ADDRESS FOR INVITATION CITY ZIP PHONE SPONSORSHIP LEVELS' ADVERTISING' TITTLE | ADDRESS | CITY | ZIP | PHONE |
| CHARITY BALL INVITATION RECIPIENT ADDRESS FOR INVITATION CITY ZIP PHONE SPONSORSHIP LEVELS' ADVERTISING' TITLE. SIO0.000 TWO-PAGE Commercial. DIAMOND. S75.000 FULL-PAGE Commercial. SIUVER. S25.000 FULL-PAGE Nonprofit. PEARL. S10.000 FULL-PAGE Nonprofit. PEARL. S10.000 FULL-PAGE Nonprofit. PEARL. S10.000 FULL-PAGE Nonprofit. PATRON. S5.000 DONOR (Listing of name only) FRIEND. SILVER. S25.000 DONATION. S_ FRIEND. SL500 CUSTOM PROMOTIONAL UNDERWRITING OPPORTUNITIES' PRESENTING SPONSOR. S20UVENIR PROGRAM SPONSOR. S20UVENIR PROGRAM SPONSOR. S20UVENIR PROGRAM SPONSOR. S20UVENIR PROGRAM SPONSOR. FLORAL & DECOR SPONSOR. S10UNE SPONSOR. S10UNE SPONSOR. S20UVENIR SPONSOR. S20UVENIR SPONSOR. S20UVENIR SPONSOR. S30UVENIR SPONSOR. CHAMPAGNE SPONSOR. S40UVENIR SPONSOR. S50UVENIR SPONSOR. S60UVENIR SPONSOR. S70UVENIR SPONSOR. S80UVENIR SPONSOR. S80UVENIR SPONSOR. S90UVENIR | AUTHORIZED BY | EMAIL | | |
| ADDRESS FOR INVITATION CITY ZIP PHONE SPONSORSHIP LEVELS' ADVERTISING' TITLE | AD CONTACT | EMAIL | | PHONE |
| SPONSORSHIP LEVELS' TITLE. | CHARITY BALL INVITATION RECIPIENT | EMAIL | | |
| □ TITLE. \$100,000 □ TWO-PAGE Commercial □ DIAMOND \$75,000 □ FULL-PAGE Commercial □ GOLD \$50,000 □ HALF-PAGE Commercial □ SILVER. \$25,000 □ FULL-PAGE Nonprofit □ PEARL \$10,000 □ FULL-PAGE Family/Personal □ PATRON \$5,000 □ DONOR (Listing of name only) □ BENEFACTOR \$2,500 □ DONATION \$ | ADDRESS FOR INVITATION | CITY | ZIP | PHONE |
| □ DIAMOND \$75,000 □ FULL-PAGE Commercial □ GOLD \$50,000 □ HALF-PAGE Commercial □ SILVER \$25,000 □ FULL-PAGE Nonprofit □ PEARL \$10,000 □ FULL-PAGE Family/Personal □ PATRON \$5,000 □ DONOR (Listing of name only) □ BENEFACTOR \$2,500 □ DONATION \$ | SPONSORSHIP LEVELS ¹ | | ADVERTISING ¹ | |
| □ PRESENTING SPONSOR \$2 □ SOUVENIR PROGRAM SPONSOR \$2 □ INVITATION SPONSOR \$2 □ ORCHESTRA SPONSOR \$3 □ FLORAL & DECOR SPONSOR \$1 □ VALET PARKING SPONSOR \$1 □ WINE SPONSOR \$2 □ CHAMPAGNE SPONSOR \$3 □ PHOTOGRAPHY SPONSOR \$3 □ PHOTOGRAPHY SPONSOR \$3 1 Please see Sponsorship & Advertising Opportunities in the brochure or online for full details. 2 Please see Custom Underwriting 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). | □ DIAMOND \$75,000 □ GOLD \$50,000 □ SILVER \$25,000 □ PEARL \$10,000 □ PATRON \$5,000 □ BENEFACTOR \$2,500 | | □ TWO-PAGE Commercial \$1,800 □ FULL-PAGE Commercial \$1,000 □ HALF-PAGE Commercial .\$500 □ FULL-PAGE Nonprofit .\$500 □ FULL-PAGE Family/Personal \$495 □ DONOR (Listing of name only) \$395 □ DONATION \$ | |
| ² Please see Custom Underwriting 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). | □ PRESENTING SPONSOR □ SOUVENIR PROGRAM SPONSOR □ INVITATION SPONSOR □ ORCHESTRA SPONSOR □ FLORAL & DECOR SPONSOR □ VALET PARKING SPONSOR □ WINE SPONSOR □ CHAMPAGNE SPONSOR | | | \$25,000 \$20,000 \$15,000 \$10,000 \$5,000 \$5,000 |
| □ 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). | ² Please see Custom Underwriting Opportunities in the bro | | £ 12 | |
| | ☐ I would like a photo taken by the Charity Ball☐ I would like you to select a Rady Children's or | committee photo for | or my page (limited number available). | |

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





PAYMENT { TAX ID #33-0170626 }

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CVV

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| ☐ PAYMENT ENCLOSED Please make chec | ks payable to RCH-CHAF | RITY BALL 2026 | | | | |
|---|-------------------------|---------------------------------------|------------------------|--|--|--|
| □ BILL MY CREDIT CARD □ VISA □ M. | ASTERCARD □ AMEX | ☐ DISCOVER | | | | |
| ☐ CONTRACT & PAYMENT CAN ALSO BE COMPLETED ONLINE: radyfoundation.org/charityball | | | | | | |
| Payment may be provided by phone. Call Leer information in an email. | na Laumann at 858-966-8 | 3089 . For your security, do n | ot include credit card | | | |
| NAME ON CARD | | | | | | |
| | | | | | | |
| ADDRESS | CITY/ | STATE | ZIP | | | |

SIGNATURE CHARGE AMOUNT \$

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

Leena Laumann

CARD #

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

EXPIRATION DATE (MM/YY)

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:

- 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