SHARE THE HOPE

Saturday, April 9, 2016

Benefiting the Hearst Cancer Resource Center at French Hospital Medical Center

SPONSORSHIP OPPORTUNITIES

$5,000 Sponsorship

Reception Sponsor

- Special recognition at the reception at Hearst Castle
- One table of eight in a prominent location
- Name recognition in program
- Prominent signage at event
- Acknowledgement at the podium

$4,000 Sponsorships

Auction Sponsor · Bar Sponsor · Call to Action Video Sponsor · Entertainment Sponsor

- One table of eight in a prominent location
- Name recognition in program
- Prominent signage at event
- Acknowledgement at the podium

$3,500 Sponsorship

Table Sponsor

- One table of eight in a prominent location
- Name recognition in program
- Signage at event

$1,000 Sponsorship

Supporting Sponsor

- Seating for two
- Name recognition in program

To become a sponsor, please complete the form on the reverse.

Individual tickets are also available for $400 per person (fair market value of $95).

French Hospital Medical Center Foundation
A Dignity Health Member

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☐ Yes, I would like to be a Sponsor of Share the Hope!

☐ $5,000 – Reception Sponsor
☐ $4,000 – Bar Sponsor
☐ $4,000 – Entertainment Sponsor
☐ $1,000 – Supporting Sponsor
☐ $4,000 – Auction Sponsor
☐ $4,000 – Call to Action Video Sponsor
☐ $3,500 – Table Sponsor

Sponsor Information:

Sponsor Name (as it should appear on print materials) ____________________

Contact Name ____________________

Phone____________________ E-Mail ____________________

Address____________________City/State/Zip____________________

Payment Information:

☐ I have enclosed a check made payable to French Hospital Medical Center Foundation

☐ Please charge my credit card: ☐Visa ☐MasterCard ☐AMEX ☐Discover

Credit Card # ____________________Expiration Date ____________________

Printed Name____________________Date ____________________

Signature ____________________

Guests and Meal Choices: (may be provided at a later date)

Guest 1: ____________________ ☐ Vegetarian Meal

Guest 2: ____________________ ☐ Vegetarian Meal

Guest 3: ____________________ ☐ Vegetarian Meal

Guest 4: ____________________ ☐ Vegetarian Meal

Guest 5: ____________________ ☐ Vegetarian Meal

Guest 6: ____________________ ☐ Vegetarian Meal

Guest 7: ____________________ ☐ Vegetarian Meal

Guest 8: ____________________ ☐ Vegetarian Meal

<u>Please return completed forms to:</u>
French Hospital Medical Center Foundation
1911 Johnson Avenue, San Luis Obispo, CA 93401
Phone: (805) 542-6496; Fax (805) 542-6264
Email form to: Tracy.Timmons@DignityHealth.org
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