



43rd Annual Mercy Ball CELEBRATING FAMILIES

Sponsorship Agreement Form

I/We agree to participate in the 43rd Annual Mercy Ball on Saturday, March 8, 2014 as a sponsor at the following level:

- SOLD**
- Title Sponsor - \$50,000 (Exclusive to one sponsor)
 - Premier Sponsor - \$25,000
 - Patron Sponsor - \$15,000
 - Supporting Sponsor - \$10,000
 - Friend Sponsor - \$5,000
 - Legacy Table Sponsor - \$5,000
 - Contributing Sponsor - \$2,500
- I/We would like to specifically underwrite _____ in the amount of \$ _____.
- Please use my/our 100 percent tax-deductible donation of \$ _____ where it is needed most.
- I/We will attend the ball and would like to purchase _____ tickets at \$500 each.
- I/We would like to place a tribute in the event program booklet: \$2,000 \$1,000 \$750 \$500 \$250 (circle one)

Contact Information

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please let us know how you would like to be listed in Mercy Ball materials:

Payment Information

- Enclosed is a check for \$ _____ payable to Scripps Mercy Hospital Foundation.
 - Please charge \$ _____ to my: Visa / Master Card / American Express.
- This is a: Company Card Personal Card
- Card Number: _____
- Expiration: _____ Security Code: _____
- Name as it appears on card: _____
- Signature: _____

Return this form by:

Mail:
Scripps Health Foundation
P.O. Box 2669
La Jolla, CA 92038

Email: Kathy Kiyan at
kiyan.katherine@scrippshealth.org

Fax: 858-678-6336

For More Information

Please call Benita Hartman, special events manager, at 858-678-6814.

The Scripps Mercy Hospital Foundation tax identification number is 95-1684089.

Deadline for invitation recognition is Friday, November 22, 2013.
Deadline for program recognition is Friday, January 10, 2014.





Event Program Book Tribute Specifications and Design

DEADLINE FOR SUBMISSION: *JANUARY 10, 2014*

Full Page:
6”w x 7”h

Half Page:
6”w x 3.5”h

Quarter Page:
3”w x 3.5”h

FORMAT

To comply with current tax law, your tribute should be written to provide donor recognition for sponsorship or underwriting, or a message of thanks. Your printed message/tribute should not be written so as to promote the purchase of advertisement of any product or service.

SIZE

Full Page: 6”w x 7”h

Color tribute: \$2,000 Black and White Tribute: \$1,000

Half Page: 6”w x 3.5”h

Color tribute: \$750 Black and White Tribute: \$500

Quarter Page: 3”w x 3.5”h

Black and White tribute: \$250

ACCEPTABLE FILE FORMATS

*MAC Platform Preferred

*Press ready PDF with fonts outlined (*preferred*)

*Photoshop Jpeg at 300 dpi at full size

QUESTIONS

Please contact Denise Mallari at 858-678-7174 or mallari.jondenise@scrippshealth.org.

PLEASE SUBMIT A PRESS READY PDF OR THE BELOW FORM TO: DENISE MALLARI BY FAX AT 858-678-6336 OR EMAIL TO MALLARI.JONDENISE@SCRIPPSHEALTH.ORG.

I/We would like assistance with the design of our tribute, below is our verbiage:

Please email me a draft proof at (email) _____