

Light up a Life

PRESENTED BY SCRIPPS HOSPICE



Sponsorship Agreement Form

I/We agree to participate in the 1st Annual Light Up a Life on Tuesday, December 10, 2013, as a sponsor at the following level:

- \$5,000 Gold Sponsor \$2,500 Silver Sponsor
- I/We would like to purchase a photo tribute for \$1,000.
- I/We would like to purchase _____(quantity) of light(s) at \$100 each.

I/We would like our photo tribute and/or light to be in honor of _____.

I have included information for my photo tribute on the back of this form.

- Please use my/our 100 percent tax-deductible donation of \$ _____ where it is needed most.
- I/We will attend the ceremony and would like to RSVP for _____ guests. I have included my guest information on the back of this form.

Contact Information

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please let us know how you would like to be listed in Light Up a Life materials:

Payment Information

- Enclosed is a check for \$ _____ payable to Scripps Health Foundation.
- Please charge \$ _____ to my: Visa / Master Card / American Express.

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: Denise Mallari at
mallari.jondenise@scrippshealth.org

Fax: 858-678-6336

For more information

Please call Denise Mallari, special events coordinator, at 858-678-7174.

The Scripps Health Foundation
tax identification number is 95-1684089.

Guest Information

Thank you for joining us for our Light Up a Light event on Tuesday, December 10, 2013. Please provide us with your guest names to ensure easy check in.

Guest Names

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Photo Tribute Information

- I/We will submit a 10" w x 7.5" h jpeg file to Denise Mallari at mallari.jondenise@scrippshealth.org.
- I/We would like assistance with the design of our tribute. I will submit a photo to Denise Mallari at mallari.jondenise@scrippshealth.org or P.O. Box 2669, La Jolla, CA 92038. Please include the following message in our tribute:

- Please email me a draft proof at (email): _____