

# The 4th Annual M.O.S.T. Mariachi Festival October 4, 2014

## SPONSORSHIP AGREEMENT FORM

Yes, I/we agree to be a sponsor of the M.O.S.T. Mariachi Festival at the following level (please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Premier Sponsor - \$20,000</b><br>(Tax-deductible amount - \$19,300)   | <input type="checkbox"/> <b>Friend Sponsor - \$5,000</b><br>(Tax-deductible amount - \$4,650)     |
| <input type="checkbox"/> <b>Patron Sponsor - \$15,000</b><br>(Tax-deductible amount - \$14,650)    | <input type="checkbox"/> <b>Contributing Sponsor - \$2,500</b><br>(Tax-deductible amount \$2,360) |
| <input type="checkbox"/> <b>Supporting Sponsor - \$10,000</b><br>(Tax-deductible amount - \$9,650) | <input type="checkbox"/> <b>Advocate Sponsor - \$1,000</b><br>(Tax-deductible amount \$930)       |

I/we would like to support the M.O.S.T. Mariachi Festival and:

- Purchase \_\_\_\_\_ table(s) at the 4th Annual M.O.S.T. Mariachi Festival for \$750 each (reserved seating for 10).
- Agree to be an underwriter (100 percent tax-deductible) in the amount of \$ \_\_\_\_\_ to be used towards the following event expense or where it is needed most (please check one):
- |  |   |
|--|---|
| <input type="checkbox"/> Food \$5,000          | <input type="checkbox"/> Program Book \$1,000 |
| <input type="checkbox"/> Entertainment \$4,000 | <input type="checkbox"/> Photography \$1,600  |
| <input type="checkbox"/> Beverages \$3,000     | <input type="checkbox"/> Party Favors \$750   |
| <input type="checkbox"/> Invitations \$1,500   | <input type="checkbox"/> Décor \$500          |
- Make a 100 percent tax-deductible contribution of \$ \_\_\_\_\_. *Gifts of \$1,000 or more qualify you to receive the benefits of a Mercy 1000 Chapter member. Please call 619-686-3836 for more information.*
- Purchase a color tribute:  Full-page - \$500    Half-page - \$250    quarter-page \$100

### Contact Information

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Important: Please let us know how you would like to be listed in the event materials and signage:**

### Payment Information

- Enclosed is a check for \$ \_\_\_\_\_ payable to Scripps Health Foundation.
- Please charge \$ \_\_\_\_\_ to my:  Visa    MasterCard    American Express
- This is a:  Company Card    Personal Card

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Recognition Deadlines

Invitation: July 11, 2014  
Program Book: September 5, 2014  
Signage: September 19, 2014

### For More Information

Please call Denise Mallari, special events coordinator, at 858-678-7174. Please fax the completed form to 858-678-6336 or mail to: Denise Mallari, Scripps Health Foundation, P.O. Box 2669, La Jolla, CA 92038  
The Scripps Health Foundation tax identification number is 95-1684089.

