



Friday, November 6th 2009  
San Juan Oaks, 6:30 p.m.

**Annual Dinner-Dance and Fundraiser**



**EVENT SPONSORSHIP PACKAGES**

<p><b><u>SPONSOR</u></b> Minimum donation of \$10,000</p>	<ul style="list-style-type: none"> <li>• “Head Table” location</li> <li>• Dinner for (8) guests</li> <li>• Name mention during Evening Program</li> </ul>	<ul style="list-style-type: none"> <li>• Name listed at top of Sponsor Board</li> <li>• Mention in Event Media</li> <li>• Name listed at top of Event Program</li> </ul>
<p><b><u>PATRON</u></b> Minimum donation of \$7,500</p>	<ul style="list-style-type: none"> <li>• “Head Table” location</li> <li>• Dinner for (6) guests</li> <li>• Name mention during Evening Program</li> </ul>	<ul style="list-style-type: none"> <li>• Name listed at top of Sponsor Board</li> <li>• Mention in Event Media</li> <li>• Name listed at top of Event Program</li> </ul>
<p><b><u>BENEFACTOR</u></b> Minimum Donation of \$5,000</p>	<ul style="list-style-type: none"> <li>• “Head Table” location</li> <li>• Dinner for (4) guests</li> <li>• Name mention during Evening Program</li> </ul>	<ul style="list-style-type: none"> <li>• Name listed on Sponsor Board</li> <li>• Mention in Event Media</li> <li>• Name listed on Event Program</li> </ul>
<p><b><u>STEWARD</u></b> Minimum Donation of \$2,500</p>	<ul style="list-style-type: none"> <li>• Name listed on Sponsor Board</li> <li>• Dinner for (2) guests</li> <li>• Name listed on Event Program</li> <li>• Mention in Event Media</li> </ul>	<p><i>Sponsorship Options: Wine, Music, or Champagne Toast</i></p>
<p><b><u>SUPPORTER</u></b> Minimum Donation of \$1,000</p>	<ul style="list-style-type: none"> <li>• Name listed on Sponsor Board</li> <li>• Name listed on Event Program</li> </ul>	<ul style="list-style-type: none"> <li>• Dinner for (2) guests</li> </ul>
<p><b><u>CONTRIBUTOR</u></b> Minimum Donation of \$500</p>	<ul style="list-style-type: none"> <li>• Name listed on Sponsor Board</li> </ul>	<ul style="list-style-type: none"> <li>• Dinner for (2) guests</li> </ul>

**PROCEEDS FROM THIS EVENT WILL SUPPORT EQUIPMENT FOR THE NEW EMERGENCY DEPARTMENT**



# Caring For Our Community

HAZEL HAWKINS HOSPITALS FOUNDATION

"Yes, I want to sponsor the **HAZEL HAWKINS HOSPITALS FOUNDATION Annual Dinner-Dance and Fundraiser** event at the following level." (please check one):

- |                                     |          |                                      |         |
|-------------------------------------|----------|--------------------------------------|---------|
| <input type="checkbox"/> Sponsor    | \$10,000 | <input type="checkbox"/> Steward     | \$2,500 |
| <input type="checkbox"/> Patron     | \$7,500  | <input type="checkbox"/> Supporter   | \$1,000 |
| <input type="checkbox"/> Benefactor | \$5,000  | <input type="checkbox"/> Contributor | \$500   |

Company/Organization: _____	
Contact name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: (    ) _____	E-Mail: _____

Enclosed is my check made out to **Hazel Hawkins Hospitals Foundation.**

Please charge my sponsorship to:     Visa     MasterCard     Discover

Card No.:	Exp. Date
Name as it appears on card: _____	
Authorized Signature: _____	

**PLEDGE:** I / We wish to pay in (monthly/weekly/bi-weekly) installments of \$  beginning \_\_\_\_\_ with last installment to be paid no later than **SEPTEMBER 1, 2009.** DATE

**Please indicate Number of Individuals Attending:**

(NOTE: Sponsor: 8 guests; Patron: 6 guests; Benefactor: 4 guests; Steward/Supporter/Contributor: 2 guests)  
Tickets will be mailed to above address no later than three weeks prior to Dinner-Dance.

**All proceeds from this fundraising event will support equipment for the new Emergency Department at Hazel Hawkins Memorial Hospital. As a sponsor, your name and/or the name of your company or organization will go on a permanent donor plaque in the Hospital Emergency Room.**

<b>Mail check and completed form to:</b>	Hazel Hawkins Hospitals Foundation, 911 Sunset Drive, Hollister, CA 95023
<b>Questions?</b>	Please contact Leah Dowty - Hazel Hawkins Hospitals Foundation (831) 636-2653 <a href="mailto:ldowty@hazelhawkins.com">ldowty@hazelhawkins.com</a>

**Please submit prior to DEADLINE of JUNE 30, 2009**