



Caring For Our Community
HAZEL HAWKINS HOSPITALS FOUNDATION

"Yes, I want to sponsor the **HAZEL HAWKINS HOSPITALS FOUNDATION 4th 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 AMEX

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, 2010.** DATE

YOU MUST INDICATE NUMBER OF GUESTS ATTENDING IN ORDER TO RECEIVE TICKETS TO THE EVENT _____

(# of Guests)

(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 HAZEL HAWKINS HOSPITALS FOUNDATION GENERAL FUND.

Mail check and completed form to:	Hazel Hawkins Hospitals Foundation, 911 Sunset Drive, Hollister, CA 95023
Questions?	Please contact Leah Dowty - Hazel Hawkins Hospitals Foundation (831) 636-2653 ldowty@hazelhawkins.com

Please submit prior to DEADLINE of AUGUST 30, 2010