



Return this form to the Foundation Office
911 Sunset Drive, Hollister, CA 95023
or drop in the Foundation mailbox
BY OCTOBER 16, 2020
Questions? Call Foundation Office 831-635-1101

**I would like to sponsor the Hazel Hawkins Hospital Foundation
2020 Gourmet Dinner Pick-Up Fundraiser event at the following level: (please check one)**

- \$10,000 includes 8 tickets
- \$ 5,000 includes 6 tickets
- \$2,500 includes 4 tickets
- \$1,000 includes 2 tickets
- \$500 includes 2 tickets
- \$250 includes 2 tickets

The tax-deductible portion is the amount over and above the fair market value of each dinner ticket valued at \$80.00 each.

If you will NOT be using all of the tickets in your package, please indicate the number you will need so we can keep an accurate count of the meals: _____

Tickets will be mailed to the address below no later than 3 weeks prior to the event.

INDIVIDUAL/ORGANIZATION NAME (exactly as you would like it to appear in print):

Name: _____

Contact Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number _____

E-mail: _____

METHOD OF PAYMENT

1. **CHECK ENCLOSED** made payable to Hazel Hawkins Hospital Foundation
2. **CREDIT CARD CHARGE:** Visa MasterCard Discover AMEX
 Card No: _____ Exp Date _____
 Name as it appears on Card: _____
3. **SEND INVOICE** (to be paid in full by October 16, 2020)

Signature: _____
Signature is required to authorize your credit card donation.

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Questions? Call the Foundation Office 831-636-2653

THANK YOU FOR YOUR SPONSORSHIP!