



Return this form to the Foundation Office
911 Sunset Drive, Hollister, CA 95023,
drop in the Foundation mailbox or
email: Lsparling@hazelhawkins.com

BY OCTOBER 17, 2025

Questions? Call Foundation Office 831-636-2653

**I would like to sponsor the 2025 Hazel Hawkins Hospital Foundation
Dinner Dance and Fundraiser event at the following level: (please select one)**

- | | | |
|--|---|---|
| <input type="checkbox"/> \$10,000 includes 8 dinners | <input type="checkbox"/> \$2,500 includes 4 dinners | <input type="checkbox"/> \$600 includes 2 dinners |
| <input type="checkbox"/> \$ 5,000 includes 6 dinners | <input type="checkbox"/> \$1,000 includes 2 dinners | <input type="checkbox"/> \$300 includes 2 dinners |

**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/seating:** _____

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

- ☐ **CHECK ENCLOSED** made payable to Hazel Hawkins Hospital Foundation
- ☐ **CREDIT CARD CHARGE:** ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX
Card No: _____ Exp Date _____
Name as it appears on Card: _____
- ☐ **PAYROLL DEDUCTION:** Amount to be taken out per HHH Employee's check: _____

Signature: _____
Signature is required to authorize your payroll deduction donation. Must be paid in full by date of event 11-8-2025.

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The tax-deductible portion is the amount over and above the fair market value of each dinner ticket valued at \$90.00 each.

THANK YOU FOR YOUR SPONSORSHIP!