

2019 SPONSORSHIP COMMITMENT FORM

YES! I would like to take part in the transformational power of a wish by hosting a table at Evening of Wishes.

Sponsor Name: _____

(Please print name exactly as you wish to be listed on promotional materials)

Address: _____

Telephone: (____) _____ Email: _____ Fax: (____) _____

SELECT SPONSORSHIP

- \$50,000 Presenting Sponsor
- \$25,000 View Sponsor
- \$15,000 Grand Sponsor
- \$10,000 Wish Sponsor
- \$5,000 City Sponsor
- \$1,000 VIP Individual Ticket(s)
- \$500 Individual Ticket(s)

METHOD OF PAYMENT

Check (please make checks payable to
Make-A-Wish Greater Bay Area and mail to the address below)

Visa MasterCard AMEX Discover

_____/_____
Card number CSC*** Exp.

Name as it appears on credit card

Signature

I/We cannot attend but would like to support the event with a donation of \$ _____

I, _____ commit to _____ on _____

Authorized Signature: _____

Return completed forms via mail or e-mail to:

Make-A-Wish Greater Bay Area
1333 Broadway, Suite 200
Oakland, CA 94612
events@sf.wish.org

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