

2017 Battle of the Paddles Hillsides Charity Ping Pong Tournament

Thursday, April 6, 2017

Sponsor Response Form

YES, I WOULD LIKE TO SUPPORT THE BATTLE OF THE PADDLES PING PONG TOURNAMENT

Title Sponsor (1) - \$10,000

- Recognition as Title Sponsor in all event printed materials including logo recognition on invitation
- CEO or company representative to signal the start of tournament
- 4 Four-person team ping pong tournament entries (total of 16 participants)
- Company logo on event tee shirts, media backdrop, and all event signage
- Presence/marketing opportunities at event

Presenting Sponsor (3) - \$5,000

- Recognition as Presenting Sponsor in all event materials including name recognition on invitation
- 2 Four-person team ping pong tournament entries (total of 8 participants)
- Company logo on event tee shirts, media backdrop, and all event signage
- Presence/marketing opportunities at event

Table Sponsor - \$2,500

- Company logo on table signage
- Four-person team ping pong tournament entry
- Presence/marketing opportunities at event

Bar Sponsor - \$2,500

- Logo prominently featured on bar
- Four-person team ping pong tournament entry

Food Sponsor - \$2,500

- Logo prominently featured on food tables
- (1) Four-person team ping pong tournament entry

DJ/Entertainment Sponsor - \$2,500

- Logo prominently featured on DJ booth
- Four-person team ping pong tournament entry

Parking Sponsor - \$2,500

- Logo prominently featured at parking site
- Four-person team ping pong tournament entry

Team Sponsor - \$1,000

- Company recognition at event
- Four-person team ping pong tournament entry

All Sponsors Receive:

- Cocktails and appetizers
- Gift bag for each player
- Hillsides Circle of Excellence membership
- Acknowledgement in Hillsides Annual Report
- Tax Deduction

Enclosed is our sponsorship in the amount of: _____

Make checks payable to: **HILLSIDES**

Please charge my credit card for our sponsorship: VISA MASTERCARD AMEX
Card Number: _____ Exp. _____

Please bill us for our sponsorship in the amount of: _____

We wish to remain anonymous. Please do not list our names.

Donor name(s) as you wish to be listed: _____

Contact person: _____ E-mail: _____

Street address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Cell phone: _____

Yes, I plan to have my donation matched with a corporate gift!

Many generous corporations provide matching gift programs. Ask your employer for a matching gift form, fill it out, and enclose it along with your check and this form.

MAIL TO: Hillsides, Attn: Advancement Services, 815 Colorado Blvd., Suite 300, Los Angeles, CA 90041

Please contact Carrie Espinoza with any questions at 323.543.2800, ext. 121 or email at cespinoza@hillsides.org.

Hillsides is an IRS-designated 501(c)(3) nonprofit organization.
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Hillsides

CREATING LASTING CHANGE