



Sponsor Response Form

I would like to support the Hillsides Annual Gala 2022 in the following category:

\$25,000

- Prominent name and logo recognition as Title Sponsor in all Gala printed materials, including invitation, event signage, press releases, and Hillsides Gala online bidding site
- Two tables of 10 with premier seating
- 1-night accommodation in a deluxe room at The Langham Huntington, Pasadena (event night only)
- 20 opportunity drawing tickets
- Full-page advertisement/tribute with prominent placement in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- All awarded to \$500 sponsors

\$15,000

- Prominent name and logo recognition on Hillsides Gala online bidding site
- Table for 12 with premier seating
- Full-page advertisement/tribute with prominent placement in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- All awarded to \$500 sponsors

\$10,000

- Prominent name and logo recognition on Hillsides Gala online bidding site
- Table for 10 with premier seating
- Full-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- All awarded to \$500 sponsor

\$5,000

- Prominent name and logo recognition on Hillsides Gala online bidding site
- Six event tickets
- Half-page advertisement/tribute in event program
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- All awarded to \$500 sponsors

\$2,000

- Name recognition on Hillsides Gala online bidding site
- Two event tickets
- Circle of Excellence membership
- Highlight in monthly e-mail newsletter
- All awarded to \$500 sponsor

\$500

- Name recognition on Hillsides Gala online bidding site
- Invitation to Sponsor Reception
- Event program acknowledgment
- Acknowledgment in Hillsides Annual Report
- Tax deduction

Visit hillsides.ejoinme.org/ComeTogether2022 to complete this form online.

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

- Check payable to Hillsides Visa Mastercard Amex

Card number: _____ Exp. _____

- Yes, I plan to attend the event* Yes, I plan to use the program advertisement

- 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: _____ Fax number: _____

- 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 payment and this form.*

Please return donation with form by **November 30, 2021** to be included in all publications.

Mail To: Hillsides Advancement Services - 815 Colorado Blvd., Suite 300, Los Angeles, CA 90041.

If you have any questions, please contact Carrie Espinoza at 323.543.2800, ext. 12221 or email at cespinoza@hillsides.org. Learn more at hillsides.org.

***Hillsides will follow CDC guidelines to ensure the health and safety of our guests.**