

## *Sponsorship Opportunities*

### ☐ PLATINUM SPONSOR: \$5,000

Platinum sponsor title

Table of eight

Public recognition at the event and online

Recognition in event slideshow

### ☐ GOLD SPONSOR: \$2,500

Gold sponsor title

Four tickets to the event

Public recognition at the event and online

Recognition in event slideshow

### ☐ SILVER SPONSOR: \$1,500

Silver sponsor title

Two tickets to the event

Public recognition at the event and online

Recognition in event slideshow

## ADDITIONAL SPONSORS

☐ Cocktail Hour: \$1,000

☐ Entertainment: \$600

☐ Signature Drink: \$500

☐ Dessert: \$500

☐ Guest Gifts: \$300

## *Event Tickets*

### ☐ Yes! I/we will attend

Names and addresses of my guests:

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I would like \_\_\_\_ tickets at \$100 per ticket.

☐ I am unable to attend, but would like to support families in the NICU by making a tax-deductible contribution of \$ \_\_\_\_.

## My Information

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

***Please return in the enclosed envelope  
by August 24. Tickets will be held at the door.***

*For more information, call 914.584.8833 or  
visit [haileyshopefoundation.org](http://haileyshopefoundation.org).*

*Thank you for supporting Hailey's Hope Foundation!  
Your contribution is tax deductible as allowed by law.*

## Payment Details

☐ Enclosed is my check (made payable to  
Hailey's Hope Foundation) for \$\_\_\_\_\_

☐ Please charge \$\_\_\_\_\_ to my:

- ☐ Visa   ☐ MasterCard   ☐ AmEx  
☐ Personal Card   ☐ Corporate Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date      3- or 4-digit CVV #

\_\_\_\_\_  
Name(s) on Card

\_\_\_\_\_  
Signature

BILLING ADDRESS (IF DIFFERENT):

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip