

13th Annual Friends Ball **SPONSORSHIP REPLY FORM**

We wish to contribute at the following sponsorship level:

- Club 57 Sponsor:** Donation of \$25,000 (20 tickets)
- Avant-garde Sponsor:** Donation of \$20,000 (20 tickets)
- Signature Cocktail Sponsor:** Donation of \$15,000 (10 tickets)
- Reception Sponsor:** Donation of \$15,000 (10 tickets)
- Gold Sponsor:** Donation of \$10,000 (10 tickets)
- Silver Sponsor:** Donation of \$5,000 (10 tickets)
- Friend Sponsor:** Donation of \$4,000 (10 tickets)

TICKETS (beyond sponsorship level entitlement)

- _____ (#)Tickets @ \$400/individual
- We are unable to attend; enclosed is a contribution in the amount of \$ _____

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PAYMENT INFORMATION

- Our check payable to Franciscan Hospital for Children for \$ _____ is enclosed.
- Please bill us.
- Please charge my credit card # _____ Exp. date _____
- MC VISA AMEX Security Code # _____

Signature: _____

NAME: _____

CONTACT: _____

(If different from above)

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

For more information, please call Marisa Podolski at (617) 779-1414.

Please fax or mail this form to Franciscan Hospital for Children, Development Office,
30 Warren Street | Brighton, MA 02135 | Fax: (617) 779-1119 | www.franciscanhospital.org