



Clinic by the Bay's 8th Annual Spring Fiesta

Wednesday, May 9, 2018

6:00 PM – 8:00 PM

Merchants Exchange Club

465 California Street, San Francisco

Please check the box to indicate at which sponsorship level you would like to support Clinic by the Bay

Individual ticket options can be found on the next page

<input type="checkbox"/>	SUPERNOVA	\$10,000 10 tickets	<ul style="list-style-type: none"> Name & logo in two San Francisco Business Times ads Logo on all printed materials Logo on electronic invitation (five+ distributions to 2,200+) Recognition at event to include: visually projected logo, logo on event signage, verbal acknowledgement from the stage Logo and link to sponsor website on Clinic by the Bay events page (3,500+ views/month) Post-event electronic advertising with link to sponsor website
<input type="checkbox"/>	SUPERSTAR	\$5,000 8 tickets	<ul style="list-style-type: none"> Name & logo in two San Francisco Business Times ads Logo on all printed materials Logo on electronic invitation (five+ distributions to 2,200+) Recognition at event to include: visually projected logo, logo on event signage, verbal acknowledgement from the stage Logo and link to sponsor website on Clinic by the Bay events page (3,500+ views/month)
<input type="checkbox"/>	CHAMPION	\$2,500 6 tickets	<ul style="list-style-type: none"> Logo on all printed materials Logo on electronic invitation (five+ distributions to 2,200+ contacts) Recognition at event to include: visually projected logo, logo on event signage, verbal acknowledgement from the stage Logo and link to sponsor website on Clinic by the Bay events page (3,500+ views/month)
<input type="checkbox"/>	ADVOCATE	\$1,000 4 tickets	<ul style="list-style-type: none"> Recognition on print invitation (1,200+ contacts) Recognition on electronic invitation (five+ distributions to 2,200+) Visual recognition on event signage/materials
<input type="checkbox"/>	FRIEND	\$500 2 tickets	<ul style="list-style-type: none"> Recognition on print invitation (1,200+ contacts) Recognition on electronic invitation (five+ distributions to 2,200+ contacts) Visual recognition on event signage/materials

Clinic by the Bay must receive sponsorship commitment by **March 19 for logo to appear on printed invitation.*

Contact/payment information and individual ticket options are on the reverse side of this form.



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Individual Tickets

Attendee names will be at event registration. Please indicate number of tickets and provide names below.

___ General Admission (\$125) TOTAL \$ _____

___ Platinum Admission (\$250) TOTAL \$ _____

Name: _____

Name: _____

Name: _____

Name: _____

Unfortunately, I am unable to attend, but I have enclosed my donation of \$ _____ to help ensure your annual fundraiser is a success.

Your name/s: _____
(As you would like it to appear on all event materials)

Contact Name and Title: _____

Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

Enclosed is my check made payable to **Clinic by the Bay** in the amount of \$ _____

Charge my: Visa MasterCard American Express

Credit Card Number: _____

Expiration date: _____ (mm/yy) CSC code: _____

Email: _____

Signature: _____

Please return this completed form by **March 19** to be included on printed invitation.

By mail: Clinic by the Bay, 4877 Mission Street, San Francisco, CA, 94112

By email: kalynn@clinicbythebay.org

By fax: 415-405-0223

For more information contact Kalynn Blakely at kalynn@clinicbythebay.org or 415-405-0207 ext.310

All donations are tax-deductible as allowed by law. An acknowledgment letter will be your receipt.

Clinic by the Bay is a 501(c)(3) non-profit organization. Federal Tax ID: 26-2593712