

## Sponsorship Request

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Organization Name:

Phone:

EIN:

Website:

Contact Name:

Contact Email:

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Organization Information

Year Founded:

Mission Statement:

Programs:

Geographic Area Served:

Amount Requested:

### Compatibility with HPCF Mission:

Increasing the quality of life for Bay Area children through education, health care and social enrichment programs

Educating, conducting research and providing assistance to those experiencing a health crisis

**EVENT DETAILS**

**Date/Time:**

**Name:**

**Venue:**

**Anticipated Attendance:**

**Ticket Price(s):**

**Sponsorship Amount Requested:**  **Level:**

**Sponsorship Benefits Provided: (Please attach information for all levels)**

**Payment Due Date:**

**Payable To:**

**Address:**