

Sponsorship Request

Page 1

Organization Name:

Phone:

EIN:

Website:

Contact Name:

Contact Email:

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: