

6th Annual

GILEAD HOUSE

BOCCE BALL FUNDRAISER



Sponsor a
team!

Donate
raffle prizes!

Volunteer!

COME
JOIN US

SATURDAY, JUNE 10, 2023

3 - 6 PM

AT MARIN BOCCE FEDERATION

550 B STREET, SAN RAFAEL, CA



**BOCCE BALL TOURNAMENT |
REFRESHMENTS | RAFFLE PRIZES**

FOR DETAILS:

GILEADHOUSE.ORG/BOCCE



All proceeds benefit Gilead House, a non-profit with a mission to inspire hope and empower single homeless moms and their children toward financial stability and independence.

BOCCE BALL TOURNAMENT SPONSORSHIP FORM

\$3,000 CHAMPION of Gilead House

3-minute speech at the event | Exclusive recognition on event website page as presenting sponsor | Signage at the event (provided by Sponsor) | Special recognition in quarterly newsletter | Opportunity to include SWAG | Logo on welcome letter | Media sponsor (print, radio and online)

\$1,500 DEFENDER of Gilead House

Signage at the event (provided by Sponsor) | Shout out at the event | Opportunity to include SWAG | Logo on welcome letter | Media sponsor (print, radio and online) | Special recognition in quarterly newsletter | Recognition on event website page as presenting sponsor

\$500 ALLY of Gilead House

Signage at the event (provided by sponsor) | Special recognition in quarterly newsletter | Opportunity to include SWAG | Logo on welcome letter | Media sponsor (print, radio and online)

\$250 FRIEND of Gilead House

Signage at the event | Shout out at the event | Opportunity to include SWAG | Logo on welcome letter

Thank you so much for your contribution!

Name/Business _____ Phone _____

Address _____

Email _____

Sponsorship Level Commitment: \$3,000 _____

\$1,500 _____ \$500 _____ \$250 _____ Other _____

Payment Method ___ Check ___ Cash ___ Credit Card

Credit Card Info (if applicable) Type of card: _____

Card # _____ Date _____ CVC _____



BOCCE BALL TOURNAMENT RAFFLE ITEM DONATION FORM

DONATIONS DUE BY MAY 31, 2023

Name/Business _____

Address: _____

Contact: _____

Email: _____

Item or cash amount donated: _____

Item Description: _____

Retail Value: _____

Special instructions:/black-out dates: _____

How will Gilead House receive this donation(please check one of the following):

_____ Item / gift certificate is attached

_____ This form is the gift certificate

_____ Donor is to deliver by _____

Signature: _____ Date: _____

Donation procured by: _____ Pnone # _____

Email: _____

Thank you so much for your contribution!

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR
DONATION TO GILEAD HOUSE:**

1024 7TH Street Novato, CA or email it to
carries@gileadhouse.org

Your donation is tax deductible. Tax ID: 91 - 1887050

