

# 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 \_\_\_\_\_



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

# BOCCE BALL TOURNAMENT RAFFLE ITEM DONATION FORM

**DONATIONS DUE BY MAY 17, 2024**

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

