



2016 Corporate Sponsorship Pledge Form

We are pleased to sponsor the 2016 *Inspiring Journeys* Gala at the following level:

- \$20,000** Presenting Sponsor
- \$10,000** Gold Sponsor
- \$5,000** Silver Sponsor
- \$2,500** Bronze Sponsor
- \$1,000** Supporting Sponsor (seats not included)
- We are unable to attend the event and will not use our table(s)/seats.
- We would like to make a tax deductible Fund-A-Need donation in the amount of \$\_\_\_\_\_.

**Method of Payment** (check one):

- Enclosed is our check for \$ \_\_\_\_\_, payable to Boyer Children's Clinic.  
(Please note "2016 *Inspiring Journeys* Gala" in the check memo.)
- Please charge \$ \_\_\_\_\_ to my  VISA  MC  AMEX.  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_
- Please send an invoice.  
(If you prefer to be invoiced at a later date, please indicate the month \_\_\_\_\_ you would like to receive an invoice.)

\_\_\_\_\_  
Sponsorship Contact Title Phone, Email

\_\_\_\_\_  
Assistant Phone Email

\_\_\_\_\_  
Address City, State Zip

\_\_\_\_\_  
Signature Date

Please return this form to: Boyer Children's Clinic Fax (206) 323-1385  
 1850 Boyer Ave. E., Seattle, WA 98112 Phone (206) 325-8477