

**Rowan Branch Partners in Giving
Response Form**

2011 Gala des Enfants

Benefiting Children's Hospital and Research Center Oakland

Donor Name:

Please print your company and/or individual name(s) as you want it to appear in the Event Program and related advertising:

____ I/we prefer that the donation be anonymous

Donor Level (please select):

____ Diamond Partner (\$20,000)

____ Silver Partner (\$3,000)

____ Platinum Partner (\$10,000)

____ Bronze Partner (\$1,300)

____ Gold Partner (\$5,000)

____ Patron (\$650)

Amount of donation: \$ _____

For individuals, does your company participate in a matching donor program? _____

Method of Payment:

____ Check (made payable to Rowan Branch / Children's Hospital Branches, Inc.)

____ Visa ____ M/C Account # _____ Expires _____

Name as it appears on card: _____

Publicly traded securities are accepted as donations. There are favorable tax consequences for gifting property, but the rules are fairly complicated and you should contact your tax advisor before making the contribution. If you are interested in making this type of contribution, please contact one of the Co-Chairs listed below.

Program Recognition:

Logo color artwork must be submitted by August 31, 2011. We prefer electronic format (.pdf, .eps, or .jpg).

____ I/we will submit artwork to Christine Prince, cmprince@comcast.net

____ Please contact the following person for ad information:

Name: _____ Phone: _____

____ I/we give the Program Committee permission to design my/our ad

Complimentary tickets to the Event:

____ I/we plan to use our tickets

____ I/we would like to donate some or all of our tickets: _____ (# of tickets)

____ I/we will not be accepting tickets in exchange for our donation.

Please mail or fax this response form to:

Children's Hospital Branches, Inc.
c/o CHORI Campus
5700 Martin Luther King, Jr. Way, T-2
Oakland, CA 94609-1673
Fax (510) 597-7153

If you have any questions, please contact a Rowan Branch Partners in Giving Co-Chair

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