



“Parents hold their children’s hands for a short while, but hold their hearts forever.”

The opportunity to hold a sick child's hand would not be possible without the fundraising and awareness generated by the Rowan Branch and the efforts of countless doctors, nurses, researchers and sponsors like you.

We invite you to join us as a sponsor of our Rowan Branch Shopping Spree on Tuesday, May 3rd supporting **UCSF Benioff Children’s Hospital Oakland**. After two years of holding a virtual event due to the pandemic, we are now planning an in-person event this year at the beautiful Blackhawk Country Club in Danville.

For over twenty years, the Rowan Branch Shopping Spree has drawn enthusiastic supporters who have joined together to make a significant difference for the thousands of families who rely on UCSF Benioff Children’s Hospital Oakland for their critical medical needs regardless of their ability to pay. Due to the impact of Covid-19, these needs have increased dramatically.

This year our goal is to raise \$50,000 for the Pediatric Neurology Program which provides world-class care for brain, spinal cord and nerve conditions. With your help, we will gift the department an Ambulatory EEG Machine, Telehealth cameras and headsets so doctors can communicate with patients at home, as well as additional Ophthalmoscopes and Otoscopes for exam rooms.

We will be in contact with you to discuss the tiers of sponsorship opportunities and their benefits. In the meantime, please visit our **website at rowanbranch.org**.

Sincerely,

Nazie Shakerin
Sponsor Chair
925-389-7225
Nazanin@rowanbranch.org

Leonela Castillo
Sponsor Chair
Registered Nurse
UCSF Benioff Children’s Hospital Oakland
510-334-6093
leonela@rowanbranch.org



2022 Shopping Spree Sponsor Tiers

Diamond Level - \$5,000+

- Multiple **Email Blasts** to the Rowan database including a large sponsor ad
- Inclusion in multiple **Social Media Posts** prior to the event
- Inclusion on rowanbranch.org with a link to the sponsor's website
- Sponsor logo/ad on **Event Signage** (A/V screens) and in the **Event Program**
- Sponsor **On Stage** acknowledgment at the event
- **Ten Tickets** to the Spree

Ruby Level - \$2,500+

- Multiple **Email Blasts** to the Rowan database with a medium-sized sponsor ad
- Inclusion in multiple **Social Media Posts** prior to the event
- Inclusion on rowanbranch.org with a link to the sponsor's website
- Sponsor logo/ad on **Event Signage** (A/V screens) and in the event **Program**
- Sponsor **On Stage** acknowledgment at the event
- **Eight Tickets** to the Spree

Pearl Level - \$1,000+

- Multiple **Email Blasts** to the Rowan database with a small sponsor ad
- Inclusion on rowanbranch.org with a link to the sponsor's website
- Sponsor logo/ad on **Event Signage** (A/V screens) and in the event **Program**
- Sponsor **On Stage** acknowledgment at the event
- **Six Tickets** to the Spree

Topaz Level - \$500+

- Multiple **Email Blasts** to the Rowan database with the name listed
- Inclusion on rowanbranch.org with a link to the sponsor's website
- Sponsor logo on **Event Signage** (A/V screens) and in the event **Program**
- **Four Tickets** to the Spree

Jade Level - \$250+

- Inclusion in **Email Blasts** to the Rowan database with the name listed
- Inclusion on rowanbranch.org
- Sponsor name on **Event Signage** (A/V screens) and in the event **Program**
- **Two Tickets** to the Spree



SPONSOR REGISTRATION FORM
2022 Shopping Spree

Sponsor Name:

Please print your company and/or individual name/s as you want it to appear in online and in print:

Address: _____ Email: _____

Sponsor Level (please select):

_____Diamond (\$5,000+)

_____Ruby (\$2,500+)

_____Jade (\$250+)

_____Pearl (\$1,000+)

_____ Other donation amount \$

_____Topaz (\$500+)

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

Company Name: _____

Contact Name: _____ Email: _____

Method of Payment:

_____Check (made payable to Rowan Branch, Children's Hospital Branches, Inc.)

_____Credit Card (Visa, Mastercard)

Name as it appears on card: _____

Credit Card #: _____ Expires: _____

Address: _____

Website Recognition:

Please submit logo artwork as soon as possible. Electronic formats are preferred (for example .pdf, .png, .jpg)

Please submit artwork to: contact@rowanbranch.org

___I/we prefer that our donation remain anonymous

Please note: If it becomes necessary to cancel our live event, we plan on having a Virtual Spree. Depending upon your donation level, your logo and/or name will be acknowledged during our program. Whether we are live or virtual, your logo and/or name will appear on our website, social media outreach and on the virtual invitation (unless your donation is not confirmed by the deadline).

If our Spree becomes virtual, please select one:

___ Please keep my donation to Rowan Branch, supporting UCSF Benioff Children's Hospital Oakland

___ Please return my donation

Please mail or email this response form to:

Rowan Branch, Children's Hospital Branches, Inc.

c/o Azita Ansari

P. O Box 456 Walnut Creek, CA 94597

Azita@rowanbranch.org