



**Boston
Children's
Hospital**

**champions
for children's**

tuesday, december 1, 2015

5:30 p.m. Silent Auction and Reception

6:30 p.m. Dinner and Live Auction

Seaport World Trade Center

for info, call (617) 355-4332

sponsor registration form

Please check one:

\$100,000 platinum sponsor

- Two tables of eight in a premier location
- Logo displayed on Center Court banner at Prudential Center (*\$75,000 value*)
- Logo displayed on elevator Captivate Screens at Prudential Center (*\$40,000 value*)
- Name recognition and logo placement on prominent signage throughout the venue, including: banners, Platinum Sponsor level signage, individual logo rotation on video screens
- Logo inclusion in prominent location on event web page
- Full-page, four-color ad with prominent logo placement in the program book*
- Inclusion in media releases
- Listing on Boston Children's donor wall in the main lobby

\$50,000 gold sponsor

- Table of eight in a premier location
- Logo displayed on elevator Captivate Screens at Prudential Center (*\$40,000 value*)
- Listing on signage throughout the venue
- Listing on event web page
- Full-page, black and white ad and logo in the program book*
- Inclusion in media releases

\$25,000 silver sponsor

- Table of eight at the event
- Listing on signage throughout the venue
- Listing on event web page
- Logo inclusion in the program book*
- Inclusion in media releases

\$10,000 bronze sponsor

- Table of eight at the event
- Listing on event web page
- Listing in the program book*

***NOTE: Sponsors must be confirmed by Monday, October 26 for inclusion in the program book.**

_____ will sponsor *Champions* at the level indicated and:

(SPONSOR/COMPANY NAME)

- will attend and accept all associated benefits
- will attend, but decline all associated benefits with the exception of seats to the dinner
- will NOT attend, but please contact me regarding other sponsorship benefits

Full payment to be submitted to Boston Children's Hospital by: _____
(please indicate approximate date)

SIGNATURE: _____

Name _____

Title _____

Company _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Assistant Name _____

Telephone _____

*Your contribution will be used to support the important work of Boston Children's Hospital.
For tax purposes, the IRS requests we inform you that, over and above the value of the evening,
your contribution is tax deductible to the extent provided by law.*

for reservations, return form by fax/e-mail:

(617) 355-6530
danielle.lueger@chtrust.org

for more information, call:

(617) 355-4332

for payment, mail check to:

Champions for Children's
Attn: Danielle Lueger
Children's Hospital Trust
401 Park Drive, Suite 602
Boston, MA 02215-3354

(Please make checks payable to Boston Children's Hospital
and mail with a copy of this form by December 1.)



Boston Children's Hospital
Until every child is well™