



**Yes, I would like to support Clinic by the Bay's 2<sup>nd</sup> annual fundraiser**

***Believe It!***

**Monday, June 4, 2012**

**6p.m. - 7:30 p.m.**

**Credo Restaurant (360 Pine Street, San Francisco)**

**Sponsorship Levels: *Please check one***

<input type="checkbox"/>	<b>SUPERSTAR</b>	<b>\$5,000</b> <i>10 tickets</i>	Logo on invitation* and event materials VIP Champagne reception Recognition from podium at event Website advertising
<input type="checkbox"/>	<b>CHAMPION</b>	<b>\$2,500</b> <i>8 tickets</i>	Logo on invitation* and event materials Recognition from podium at event Website advertising
<input type="checkbox"/>	<b>ADVOCATE</b>	<b>\$1,000</b> <i>5 tickets</i>	Recognition on invitation and event materials Website advertising
<input type="checkbox"/>	<b>FRIEND</b>	<b>\$500</b> <i>2 tickets</i>	Recognition on invitation and event materials Website advertising

***\*must receive sponsorship commitment by April 27 for logo to appear on printed invitation***

Unfortunately, I am unable to attend. Please find enclosed my donation to help ensure *Believe It!* is a success.

Your name/s: \_\_\_\_\_  
(As you would like it to appear on all event materials)

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Payment**

Enclosed is my check made payable to Clinic by the Bay in the amount of \$\_\_\_\_\_  
**mailed to: Clinic by the Bay, 4877 Mission Street, San Francisco, CA 94112**

Please charge my:  Visa       MasterCard       American Express  
My credit card # is: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CSC three digit code: \_\_\_\_\_

Email\*\*: \_\_\_\_\_

*(\*\*Email required to process credit card)*

Signature: \_\_\_\_\_

**RSVP**

Please return this completed form by April 27, 2012 to be included in printed invitation. By mail: Clinic by the Bay, 4877 Mission Street, SF CA, 94112. By email: [eliza@clinicbythebay.org](mailto:eliza@clinicbythebay.org). By fax: 415-405-0223. For more information contact Eliza Gibson at 415-405-0207 or [eliza@clinicbythebay.org](mailto:eliza@clinicbythebay.org).