



# La Maestra's Holiday Toy & Gift Drive 2014 Sponsorship Opportunities



## Toy Car Sponsor \$5,000

- Opportunity to hang corporate banner at Toy Giveaways
- Top Tier Logo on event signage at Toy Giveaways
- Name inclusion in printed materials
- Logo on La Maestra site collection boxes
- Logo inclusion and link on our website
- Logo on e-blasts promoting Toy Drive



## Choo Choo Train Sponsor \$2,500

- Logo on event signage at Toy Giveaways
- Name inclusion in printed materials
- Logo on La Maestra site collection boxes
- Logo inclusion and link on our website
- Logo on e-blasts promoting Toy Drive



## Teddy Bear Sponsor \$1,500

- Logo on event signage at Toy Giveaways
- Name inclusion in printed materials
- Logo on La Maestra site collection boxes
- Logo inclusion on our website
- Logo on e-blasts promoting Toy Drive



## Dolly Sponsor \$500

- Logo on event signage at Toy Giveaways
- Name inclusion in printed materials
- Logo on La Maestra site collection boxes
- Logo inclusion on our website
- Name on e-blasts promoting Toy Drive

Contact Lindy Webb or Gloria Sosa for Sponsorship and Event Details  
e-mail: [lindy@lamaestra.org](mailto:lindy@lamaestra.org) or [gsosa@lamaestra.org](mailto:gsosa@lamaestra.org) tel: (619) 584-1612

La Maestra Family Clinic, Inc. is a non-profit 501(c)3, tax-exempt organization. Contributions to this event are tax deductible in accordance to federal law. Federal Tax ID #33-0473171

Visit us on the web: [www.lamaestra.org](http://www.lamaestra.org) [facebook.com/LaMaestraCHC](https://www.facebook.com/LaMaestraCHC)



# La Maestra's Holiday Toy & Gift Drive 2014 Sponsorship Agreement Form



## Sponsor Information

Sponsor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_



**Toy Car Sponsor** **\$5,000**



**Choo Choo Train Sponsor** **\$2,500**



**Teddy Bear Sponsor** **\$1,500**



**Dolly Sponsor** **\$500**

Enclosed is my check for \$ \_\_\_\_\_  
Please make your check payable to:  
La Maestra Family Clinic, Inc.

I will pay \$ \_\_\_\_\_ via PayPal at  
[www.lamaestra.org/donations/default.html](http://www.lamaestra.org/donations/default.html)

Please charge my card \$ \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Signature \_\_\_\_\_

By signing below I, \_\_\_\_\_, certify that I fully understand the benefits entitled through the level of sponsorship selected on this form. I am aware of the **November 28, 2014** deadline for submitting logos for inclusion in printed materials.

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

**PLEASE RETURN THIS FORM AND PAYMENT TO:**

Gloria Sosa or Lindy Webb  
4060 Fairmount Ave  
San Diego, CA 92105

Tel: 619-584-1612  
Fax: 619-281-6738  
[gsosa@lamaestra.org](mailto:gsosa@lamaestra.org) or  
[lindy@lamaestra.org](mailto:lindy@lamaestra.org)