



GALA SPONSORSHIP FORM

FORM DEADLINE: MARCH 25, 2022

DONOR DETAILS - For more information or to donate online visit bishops-gala.com

Donor/Company: (As you want to be recognized in gala materials) _____

Address: _____

City, State, Zip: _____ Phone: _____

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The below person may be contacted should there be any questions or a need to discuss sponsorship benefits.

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact E-mail: _____

SPONSORSHIP DONATION

I/We wish to support the Bishop's Gala with a sponsorship gift in the amount of \$ _____

Please designate my gift to support: General sponsorship A specific area: _____

Gifts of \$1,000 or more include advertisement opportunities in the gala catalog, among other benefits. For information on benefits, visit bishops-gala.com or contact Gale Hill, senior director of advancement, leadership and annual gifts at gala@bishops.com.

PAYMENT *Please submit payment with this form.*

CHECK: I have enclosed a check in the amount of \$ _____. Checks are payable to: The Bishop's School Gala

CREDIT CARD: Please charge my card for the amount of \$ _____ AmEX Discover MC VISA

Card Number: _____ Exp. Date: _____ CVC Code: _____

Name on Card: _____

Billing Address: _____

Billing address is the same as above

SIGNATURE:

DATE:

RETURN FORM TO:

gala@bishops.com

The Bishop's School Gala • 7607 La Jolla Blvd • La Jolla, CA 92037

bishops-gala.com

Please retain a copy of this form for your records
Your donation may be tax deductible. Please consult your tax advisor. Tax ID: 95-1642362.

OFFICE USE ONLY	DATE:	MW:	RE:
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