

HASBRO CHILDREN'S HOSPITAL

PARTNER COMMITMENT FORM

EVENT SPONSORSHIP

HEROES BALL • AUGUST 19, 2023

- ☐ Presenting—\$50,000
- ☐ Silver—\$10,000
- ☐ Copper—\$3,500
- ☐ Platinum—\$25,000
- ☐ Bronze—\$7,000
- ☐ Benefactor—\$1,250
- ☐ Gold—\$15,000
- ☐ We are unable to attend:
 - ☐ Please donate our tickets back to the Rhode Island Hospital Foundation for its use.
 - ☐ We would like to make a contribution of \$_____.

RADIOTHON • MAY 11, 2023

- ☐ Phone Bank—\$10,000
- ☐ Power Hour—\$5,000
- ☐ g2 PRO-FM Mobile Studio—\$7,000
- ☐ Text Line—\$10,000
- ☐ Patron—\$1,000
- ☐ Lite 105 FM Mobile Studio—\$7,000
- ☐ Drive Time Power Hour—\$7,000
- ☐ Miracle — \$500
- ☐ WPRO Mobile Studio—\$6,000
- ☐ Hot 106 Mobile Studio—\$3,500

GOLF INVITATIONAL • JULY 24, 2023

- ☐ Presenting—\$25,000
- ☐ Flight—\$5,000
- ☐ Longest Drive—\$2,500
- ☐ Club House—\$20,000
- ☐ Hospitality—\$5,000
- ☐ Putting Green—\$2,500
- ☐ Golf Ball—\$15,000
- ☐ Luncheon—\$5,000
- ☐ Raffle—\$2,500
- ☐ Awards Dinner—\$10,000
- ☐ Registration—\$5,000
- ☐ Individual Player—\$1,750
- ☐ Cart—\$10,000
- ☐ Twosome—\$3,500
- ☐ Flag—\$1,000
- ☐ Foursome—\$7,000
- ☐ Closest to the pin—\$2,500
- ☐ Tee Sign—\$500
- ☐ We are unable to attend:
 - ☐ Please donate our tickets back to the Rhode Island Hospital Foundation for its use.
 - ☐ We would like to make a contribution of \$_____.

2023 COOKOUT SERIES

- ☐ Series Sponsor \$10,000
- ☐ Series Sponsor \$5,000
- ☐ Series Sponsor \$2,500

OTHER WAYS TO SUPPORT

I am interested in learning more about the following partnership opportunity (select all that apply):

- ☐ Implementing a cause-related marketing campaign
- ☐ Hosting a third-party event
- ☐ Employee giving opportunities

(See reverse for payment options)



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
Lifespan. Delivering health with care.®

PARTNER INFORMATION

Company/Individual _____

Contact Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email* _____

*Event confirmation information for all sponsors, attendees, and their guests will be sent electronically.

METHOD OF PAYMENT

☐ Please invoice me

☐ Check is enclosed for \$_____. (Payable to Rhode Island Hospital Foundation)

☐ Credit Card (Choose Type)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on card _____

Card Number _____

Expiration Date _____ 3 or 4 Digit Code _____

Signature _____ Date _____

QUESTIONS:

Christina Haas

Director, Development Events & Corporate Relations

Phone: 401-444-7494

Fax: 401-444-8235

Email: chaas@lifespan.org

MAIL COMPLETED FORM TO:

Hasbro Children's Hospital

Development Office

P.O. Box H

Providence, RI 02901

Under the Internal Revenue Code, the amount of the contribution that is tax deductible for income tax purposes is limited to the excess of the amount paid for the sponsorship over the fair market value of the benefits received.

By agreeing to sponsor or donate to the event, you also agree that if the event is canceled due to circumstances beyond our control, then your pledge commitment will be designated as a donation to Hasbro Children's Hospital for its general use and purposes. Alternatively, if you would like to arrange for a refund of your gift or a re-purposing of your gift, please contact Christina Haas at chaas@lifespan.org or 401-444-7494 within ten business days of the event's cancellation notice.

If you do not wish to receive mail solicitations from Hasbro Children's Hospital or other Lifespan institutions, please email privacyofficer@lifespan.org, call 866-626-0888 or 401-444-6500 and leave a message or write to Lifespan Compliance & Privacy Office, 245 Chapman Street, Suite 200, Providence, RI 02905.



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