

HASBRO CHILDREN'S HOSPITAL  
PARTNER COMMITMENT FORM

## EVENT SPONSORSHIP

### HEROES BALL • AUGUST 10, 2024

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- 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 \$\_\_\_\_\_.

### GOLF INVITATIONAL • JULY 22, 2024

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- Presenting—\$25,000
- Flight—\$5,000
- Closest to the Pin—\$2,500
- Club House—\$20,000
- Hospitality—\$5,000
- Longest Drive—\$2,500
- Golf Ball—\$15,000
- Luncheon—\$5,000
- Putting Green—\$2,500
- Awards Dinner—\$10,000
- Scorecard—\$5,000
- Individual Player—\$2,000
- Cart—\$10,000
- Twosome—\$4,000
- Flag—\$1,000
- Foursome—\$8,000
- Registration—\$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 \$\_\_\_\_\_.

### 2024 SUMMER COOKOUT SERIES

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- Series Presented by Sponsor \$10,000
- Series Powered by Sponsor \$5,000
- Series Supported by Sponsor \$2,500

### OTHER WAYS TO SUPPORT

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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](mailto: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](mailto: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](mailto: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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