



FESTIVAL OF TREES  
Mary Bridge Children's  
Hospital & Health Center

In Partnership with



# 2009 TREE SPONSOR COMMITMENT

- BENEFITS:**
- Sponsor enjoys the prestige of joining community leaders in supporting Mary Bridge Children's Hospital.
  - Acknowledgment includes recognition on: 1) Sign next to the tree; 2) Gala and Event Programs.
  - Receive General Admission tickets for public viewing for employees and/or clients. (7' tree 50 tickets and 4' tree 25 tickets.)
  - Receive a commemorative photo-plaque of the tree.

- SPONSOR LEVEL:**
- SEVEN FOOT TREE** (10'x10' display space)
- I would like to be the sole sponsor (minimum commitment of \$1,600).
  - I would like to co-sponsor (minimum commitment of \$800).
- FOUR FOOT TREE** (5'x5' display space)
- I would like to be the sole sponsor (minimum commitment of \$1,000).
  - I would like to co-sponsor (minimum commitment of \$500).

*Please note: \$600 for the 7' tree and \$400 for the 4' tree of the above minimum is payable directly to Mary Bridge Children's Foundation as a portion of your sponsorship. The balance will be paid to the designer for decorations and gifts for the tree.*

- DESIGNER SELECTION OPTIONS:**
- We have chosen a designer for our tree.  
DESIGNER NAME \_\_\_\_\_ DESIGNER PHONE NUMBER \_\_\_\_\_
- We would like the Festival of Trees to assign a designer to decorate our tree.

- PAYMENT:**
- I would like to pay my entire sponsorship to Mary Bridge Children's Foundation, and understand that the Festival of Trees will process payment of the decorating budget to the designer.
- My entire sponsorship commitment of \$\_\_\_\_\_ is enclosed.
  - Please send me an invoice for my entire sponsorship commitment of \$\_\_\_\_\_ .  
(Payment is due September 1, 2009.)
- I would like to work directly with the designer for the decorating budget and pay to Mary Bridge Children's Foundation my portion due to Festival.
- Payment of \$\_\_\_\_\_ is enclosed.
  - Please send me an invoice for \$\_\_\_\_\_ .  
(Payment is due September 1, 2009.)

SPONSOR NAME (FOR CATALOG AND TREE SIGN) \_\_\_\_\_

DECISION MAKER'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DECISION MAKER'S SIGNATURE \_\_\_\_\_

If you have any questions, please call the Mary Bridge Children's Foundation Festival of Trees office at 253-403-1368. Please return all copies, **except your pink copy**, in the enclosed return envelope or mail to:

**FESTIVAL OF TREES**  
Mary Bridge Children's Foundation  
PO Box 5296  
Tacoma, WA 98415-0296  
253-403-1368

