

Once In A Blue Moon

A fundraising event to benefit the Sydney Salem Golding Fund
at Rainbow Babies and Children's Hospital

Sunday, May 20, 2007 5:30 p.m.-9:30 p.m.

Name _____
(as it should appear in program and/or sponsorship listings)

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ Email _____

Corporate Sponsorship Opportunities (please check one)

<input type="checkbox"/> Blue Moon Sponsorship	\$2500	<input type="checkbox"/> Crescent Moon Sponsorship	\$600
<input type="checkbox"/> Full Moon Sponsorship	\$1000	<input type="checkbox"/> New Moon Sponsorship	\$300

Individual Sponsorship Opportunities (please check one)

<input type="checkbox"/> Moon Beam Sponsorship	\$250	<input type="checkbox"/> Moon Dust Sponsorship	\$125
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_____ I want to purchase _____ ticket(s) @\$65 per ticket for a total of \$ _____

Guest names _____

Total Amount: \$ _____ Check Cash Visa Master Card American Express

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____

Please make your check payable to the **Sydney Salem Golding Fund** and mail this registration form to:

Sydney Salem Golding Fund
3912 Bridge Avenue
Cleveland, Ohio 44113

Contributions and donations are tax-deductible and will benefit the neonatology and pediatric cancer programs which are supported by the Sydney Salem Golding Fund at Rainbow Babies and Children's Hospital. You will receive an acknowledgement and a receipt for tax purposes directly from Rainbow Babies and Children's Hospital (**Federal Tax ID No. 34-6532528**).

