



HEALING little HEARTS

9th Annual Benefit Gala & Auction – Sponsorship Form

Contact Person: _____

Company/Donor Name (to appear in printed materials) _____

Mailing Address: _____

Phone: _____ Cell. Phone: _____

Email: _____ Fax: _____

Sponsorship Level: _____

Donation Amount: _____

(Please make checks payable to: **Boston Children's Hospital**)

Committee Member Name: _____

Donor Signature: _____

Healing little Hearts is grateful for your generous donation. Boston Children's Hospital is a registered 501(c)(3) non-profit organization. Please consult your accountant regarding tax deductibility of donations.

**FOR MORE INFORMATION: Healing little Hearts, P.O. Box 1535, Mattapoisett, MA 02739
(508) 789-7001 kelly@healinglittlehearts.com www.healinglittlehearts.com**

a community fundraiser benefiting



Boston Children's Hospital