

One Night, One Heart Reservation Card

Please respond by Monday, October 27 for best dinner placement.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Please provide us with your telephone number and email address so we can contact you quickly to acknowledge receipt of your donation, confirm your dinner placement or notify you of any changes.

Enclosed is my check payable to Zen Hospice Project for \$ _____

Please charge my: VISA MasterCard in the amount of \$ _____

Card # _____ Exp: _____ 3-digit CVV: _____

Signature: _____

You may also donate online at www.zenhospice.org

Please mail or fax this information to:

Zen Hospice Project

273 Page Street

San Francisco, CA 94102

Phone: 415-863-2910 • Fax: 415-863-1768

Zen Hospice Project is a 501(c)(3) non-profit organization. Dinners are valued at \$40 per ticket.

Contributions in excess of that amount are tax-deductible to the extent allowed by law.

One Night, One Heart Dinner Selection

Please respond by Monday, October 27 for best dinner placement.

Early reservations will help ensure the dinner party of your choice. Confirmation of your dinner, as well as directions, will be sent to you by November 2.

\$1,000 ASSURES MY FIRST DINNER CHOICE.

Enclosed is **\$1,000.00 per person** for _____ reservation(s.)

My/our dinner choice is (please list name of Dinner): _____

\$500 ASSURES ONE OF MY TWO DINNER CHOICES.

Enclosed is **\$500 per person**, for _____ reservation(s).

My/our **first** dinner choice is (please list name of Dinner): _____

My/our **second** dinner choice is (please list name of Dinner): _____

\$275 ASSURES ONE OF MY THREE DINNER CHOICES.

Enclosed is **\$275 per person**, for _____ reservation(s).

My/our **first** dinner choice is (please list name of Dinner): _____

My/our **second** dinner choice is (please list name of Dinner): _____

My/our **third** dinner choice is (please list name of Dinner): _____

I/we are unable to attend, but wish to support the work of Zen Hospice Project with a tax-deductible donation of \$ _____

Names of the Guests in your Party:

Sponsorship Opportunities

The following sponsorship opportunities are available for One Night, One Heart. If you would like to support the event at the Sponsorship Level, please contact Brittany Feitelberg at 415-413-0240.

Presenting Sponsor *\$20,000

- TEN (10) TICKETS to the dinner of your choice
- Premium acknowledgment (name/logo) in program
- Premier placement on the Zen Hospice website
- Premier placement in publications
- Preferred placement of table signage
- Acknowledgement at all nine dinners.

Patron *\$10,000

- EIGHT (8) TICKETS to the dinner of your choice
- Acknowledgment in event program
- Preferred placement on the website
- Listing in event publications
- Preferred placement of table signage

Benefactor *\$5,000

- SIX (6) TICKETS to the dinner of your choice
- Acknowledgment in event program
- Listing on the website
- Placement of table signage

Angel *\$2,500

- FOUR (4) TICKETS to the dinner of your choice
- Acknowledgment in event program
- Listing on the website

Caregiver *\$1,000

- TWO (2) TICKETS
- Acknowledgment in event program
- Listing on the website

Thank you for your support of Zen Hospice Project. All Sponsors will be recognized at their gift level. Your donation is 100% tax deductible as allowed by law, less the fair market value of \$40 per dinner ticket.

Zen Hospice Project is a 501(c)(3) charitable organization, tax ID number 94-3155375.