



HYSTERIA 2008

Event Sponsorship Form

Thank you for making a contribution to HYSTERIA 2008: Redefining Women's Health.
Please provide the following information:

Company Name: _____

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Phone: _____ **E-mail:** _____

I wish to be listed as: _____

I wish to make this donation anonymously

Please indicate a sponsorship level: _____

Champion	Guardian	Sustainer	Advocate	Supporter	Friend	Ally
\$15,000	\$10,000	\$5,000	\$2,500	\$1,000	\$500	\$250
<input type="checkbox"/>						

Women's Community Clinic Tax ID: 94-3213100

To be listed in promotional materials & acknowledged at the event, we need to receive your response by January 30, 2008.

Thank you for your support!

Please return this form with your tax-deductible donation to:

Tara Medve, Development Director

Women's Community Clinic • 2166 Hayes Street, Suite 104 • San Francisco, CA 94117

Phone: (415) 379-7802 x307 • Fax: (415) 379-7804 • tara@womenscommunityclinic.org