



Children'sSM
Healthcare of Atlanta
Foundation

Dear Potential Sponsor,

We are excited to announce the 14th Annual TASTE. This year's event will be hosted by Dunwoody and Blackburn Friends on February 24th, 2018 at the Westin Atlanta Perimeter North. Each year, restaurants and patrons from our community gather for a night of food, drinks, live music, and more all for a great cause.

This event has grown to be one of the premier fundraising events for Dunwoody Friends and we are excited to welcome Blackburn Friends this year to make it our biggest year yet! Together, we will help meet the needs of Georgia's rapidly growing pediatric population. Your support will enable Children's to care for hundreds of thousands of young patients and their families-now and in the future.

Friends encompasses more than 37 community volunteer groups which support Children's Healthcare of Atlanta through fundraising and service projects. Donors and volunteers are instrumental in our efforts to make Georgia a safer, healthier place for our children to grow.

Enclosed you will find information about how you can support TASTE through sponsorships, silent auction, and in-kind donations. Your support makes an important difference in a child's life by helping Friends raise funds for many essential programs. Sponsorship information is highlighted in further detail on the enclosed materials.

Thank you in advance for your consideration of this important and worthwhile cause. It is our sincere hope that you will join us in sponsoring the 2018 TASTE. Should you have any additional questions, please contact Alex Faas at alex.faas@choa.org.

Kind regards,

Lauren Campbell
Dunwoody Co-Chair

Jenny Rolfes
Dunwoody Co-Chair

Emily Carlson
Blackburn Co-Chair

Becca Jackson
Blackburn Co-Chair



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2018 TASTE

Benefiting Children's Healthcare of Atlanta

SPONSORSHIP OPPORTUNITIES

- **PRESENTING SPONSOR | \$7,500**

- Single Presenting Sponsor
- Principal Sponsors receive:
 - Event name will include sponsor company name. For example "Taste, presented by ..."
 - Your company name/logo on all print advertisements, which may include posters, brochures, newspaper ads, & news releases
 - 10 VIP Sponsor Tickets
 - Logo recognition on Children's event website as a 2017 Corporate Sponsor
 - Logo displayed at event

- **PRINCIPAL SPONSOR | \$5,000**

- Unlimited sponsorships available
- Principal Sponsors receive:
 - Your company logo on cocktail napkins
 - Your company name/logo on all print advertisements, which may include posters, brochures, newspaper ads, & news releases
 - 8 VIP Sponsor Tickets
 - Name recognition on Children's event website as a 2017 Corporate Sponsor
 - Logo displayed at event

- **PLATINUM SPONSOR | \$3,000**

- Unlimited sponsorships available
- Platinum Sponsors receive:
 - 6 VIP Sponsor Tickets
 - Name recognition on Children's event website as a 2017 Corporate Sponsor
 - Logo displayed at event

- **PARTICIPATING SPONSOR | \$1,000**

- Unlimited sponsorships available
- Participating Sponsors receive:
 - 4 VIP Sponsor Tickets
 - Name recognition on Children's event website as a 2017 Corporate Sponsor
 - Logo displayed at event

- **PARTNER SPONSOR | \$500**

- Unlimited sponsorships available
- Partner Sponsors receive:
 - 2 VIP Sponsor Tickets
 - Name recognition on Children's event website as a 2017 Corporate Sponsor
 - Logo displayed at event



LEVEL OF SPONSORSHIP (*check one*)

- Presenting Sponsor \$ 7,500 (Deadline: 2/01/2018)
 Principal Sponsor \$ 5,000 (Deadline: 2/01/2018)
 Platinum Sponsor \$ 3,000 (Deadline: 2/01/2018)
 Participating Sponsor \$ 1,000 (Deadline: 2/01/2018)
 Partner Sponsor \$ 500 (Deadline: 2/01/2018)

To register and pay online, visit us at give.choa.org/TasteSponsor

Individual/Firm/Company/Organization (to be published in all print materials)

Contact name

Mailing Address

City/State/Zip

Phone Number

E-Mail Address

Method of Payment

- Check Enclosed for \$_____ made payable to Children's Healthcare of Atlanta
- Please charge my credit card (circle one):
 Visa MasterCard American Express Discover

Card Number: _____ Exp.Date: _____

Cardholder Name: _____ Signature: _____

Please submit this form and company logo to Alex Faas at alex.faas@choa.org
or you can mail to the address below:

Children's Healthcare of Atlanta Foundation
ATTN: Alex Faas
1577 Northeast Expressway
Atlanta, GA 30329

To register and pay online, visit us at give.choa.org/TasteSponsor



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2018 TASTE
Benefiting Children's Healthcare of Atlanta
Saturday, February 24, 2018

SILENT AUCTION | IN-KIND DONATION FORM

DONOR INFORMATION (PLEASE PRINT CLEARLY)	
Donor or Company Name	Name to Appear in Print Materials (if received by print date)
Donor Address	Contact Person
	Email
	Phone
Donor's Signature (Required)	
ITEM INFORMATION	
Item/Service Description (as to appear in catalog): Include any restrictions on trips, tickets and travel, size, color and/or other information to ensure proper understanding of donated item.	
Expiration Date:	Donor's Good Faith Estimate of the Fair Market Value* \$ _____
Federal Tax I.D. _____ *Only required if donation is valued more than \$5,000	
AUCTION ACQUISITION	
_____ Item delivered with form by: _____	
_____ Donation will be delivered by: _____	
_____ No physical item. Please use donor's contact information above for redemption.	
_____ Other: _____	
<p>Please retain a copy of this form for your records. Children's Healthcare of Atlanta is a not-for-profit organization. Tax ID number is 58-1710601. *The taxpayer is responsible for determining the fair market value of donated property. Please see IRS publications 526 and 561 for further guidance. *If fair market value of item is over \$5,000, donor must provide their Federal Tax I.D # to claim a deduction. Children's will provide IRS from 8283 to complete.</p>	

PLEASE MAIL or EMAIL COMPLETED FORM TO:

Children's Healthcare of Atlanta Foundation
Attn: Alex Faas
1577 Northeast Expressway, Atlanta, GA 30329
Email: alex.faas@choa.org | 404.785.9402