

Raise Your Glass BACKYARD CONCERT

Benefiting



I/We want to support UCLA Health and Teen Cancer America

| | |
|---|---|
| PLATINUM SPONSOR <input type="checkbox"/> \$100,000 (\$96,000 tax deductible) | <ul style="list-style-type: none"> 34 Event tickets (\$2,941 per ticket) 1 Guitar signed by event talent Name and logo listed as Platinum Sponsor on website & on-site |
| GOLD SPONSOR <input type="checkbox"/> \$55,000 (\$53,600 tax deductible) | <ul style="list-style-type: none"> 14 Event tickets (\$3,929 per ticket) Name and logo listed as Gold Sponsor on website & on-site |
| BRONZE SPONSOR <input type="checkbox"/> \$35,000 (\$34,200 tax deductible) | <ul style="list-style-type: none"> 8 Event tickets (\$4,375 per ticket) Name and logo listed as Bronze Sponsor on website & on-site |
| INDIVIDUAL TICKETS <input type="checkbox"/> \$5,000 (\$4,900 tax deductible per ticket) | <ul style="list-style-type: none"> I/We want to purchase _____ individual tickets. |

Please note that \$100 per event ticket is non tax-deductible.

☐ I/We are unable to sponsor/attend the event but would like to support the beneficiaries in the amount of \$_____ (100% tax deductible)

☐ Check: Enclosed is a check to [The UCLA Foundation](#) in the amount of: \$_____ Reference Fund # [645170](#) on your check

☐ Please charge: \$_____ to my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name on Card (please print)

Signature

Credit Card #

Exp. Date

☐ This is a joint gift. Spouse/partner name

Company name (if applicable)

Preferred address (☐ Home ☐ Business)

City, State ZIP

Phone

Preferred email (☐ Home ☐ Business)

Please print this form and return with donation to:

Jordan Kaplan c/o Douglas Emmett
1299 Ocean Avenue, Suite 1000
Santa Monica, CA 90401

Please scan this form email to:

Carmen García
310.255.7721
Email: backyardconcertsvp@gmail.com

To donate directly online, please go to www.giving.ucla.edu/backyardconcert2019

TO VIEW UCLA'S DISCLOSURE STATEMENTS AND PRIVACY NOTICE FOR DONORS, VISIT WWW.UCLAFUNDATION.ORG/DISCLOSURES. IN COMPLIANCE WITH THE CHARITABLE SOLICITATION ORDINANCE IN THE CITY OF LOS ANGELES (L.A. MUNICIPAL CODE ARTICLE 4, SECTION 44), THE UCLA FOUNDATION'S PERMIT (V7309) IS ON FILE WITH THE CITY OF LOS ANGELES. IN COMPLIANCE WITH THE CHARITABLE SOLICITATION ORDINANCE IN THE CITY OF BEVERLY HILLS (UNDER ARTICLE 8, SECTION 4-3-801 OF THE BEVERLY HILLS MUNICIPAL CODE (BHMC), THE UCLA FOUNDATION'S PERMIT (2019-115) IS ON FILE WITH THE CITY OF BEVERLY HILLS. IF YOU DO NOT WISH TO RECEIVE FURTHER FUNDRAISING INFORMATION FROM UCLA HEALTH SCIENCES, PLEASE EITHER CALL US AT (855) 364-6945 OR EMAIL US AT OPTOUTUCLAHS@SUPPORT.UCLA.EDU.