

I would like to support Make-A-Wish OCIE at the following level:

*Please complete this form with payment and mail by **August 3, 2026** to the address below.*

Sponsorship Level

Gallery Of Wishes
\$50,000+

Palette Of Dreams
\$10,000

Canvas Of Hope
\$25,000

Studio Of Wishes
\$6,000

Brushstroke Of Joy
\$15,000

Underwriting Opportunity

Jewelry Sponsor
\$50,000+

Mobile Bidding Sponsor
\$10,000

Valet Sponsor
\$7,500

Photography Sponsor
\$3,000

Cocktail Reception Sponsor
\$25,000

Floral Sponsor
\$10,000

Printing Sponsor
\$6,000

Portrait Sponsor
\$3,000

Entertainment Sponsor
\$10,000

Bar Sponsor
\$7,500

Videography Sponsor
\$5,000

Fund-A-Wish

\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$ _____

Contact Information

Name (as you would like to be recognized): _____

Company/Organization: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Program Recognition

Please list how you would like to be recognized in event materials (if applicable):

Payment Information

Enclosed is my sponsorship check for \$ _____ (made payable to Make-A-Wish Orange County and the Inland Empire).

Please charge my credit card in the amount of \$ _____ AMEX MC VISA Discover

Credit Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card (if different from contact): _____ Phone: _____

Sponsorship Commitment/Signature

TOTAL Commitment/Sponsorship Amount \$ _____ Date: _____ Signature: _____