



JOIN US FOR BREAKFAST
“Because Grief Matters Even In The Morning”

Wednesday, April 10, 2019, 8:00 to 10:00 a.m.
San Francisco Jewish Community Center
3200 California Street, San Francisco

SPONSORSHIP REPLY FORM

Sponsorship opportunities to support the Grief and Growing Fund™

Please respond by January 18, 2019 for inclusion in the print invitation. All sponsorships will be acknowledged at the breakfast.

- YES! Add My Name to the Honorary Host Committee.**
- YES! I want to support the Grief and Growing™ Fund with a sponsorship (Please check one.)**
- Compassion \$25,000**
- 10 TICKETS (one table) to the Breakfast (upon request)
 - Preferred & Reserved Seating
 - Acknowledgement at the Breakfast
- Chai \$18,000**
- 10 TICKETS (one table) to the Breakfast (upon request)
 - Preferred & Reserved Seating
 - Acknowledgement at the Breakfast
- Wholeness \$10,000**
- 8 TICKETS (upon request)
 - Preferred Seating
 - Acknowledgement at the Breakfast
- Community \$5,000**
- 6 TICKETS (upon request)
 - Acknowledgement at the Breakfast
- Listening \$3,600**
- 5 TICKETS (upon request)
 - Acknowledgement at the Breakfast
- Laughter \$1,800**
- 4 TICKETS (upon request)
 - Acknowledgement at the Breakfast
- Love \$1,000**
- 2 TICKETS (upon request)
 - Acknowledgement at the Breakfast

Honorary Host Committee Co-Chairs: Deborah Pollak Levy and Paola Carvajal Almeida, Lauren Pollak and Dieter Tremp, Harrison Pollak and Natalie Freidman, and Kimberly Pollak, Naomi and Rob Leonard, and Daniel and Michelle Barenbaum.

Honorary Committee Participation and Sponsorship commitments must be received by January 18, 2019 for inclusion in the print invitation. Commitments received after January 18 will appear in the event program and will be acknowledged at the event.

Please call Gail Kolthoff at (415) 750-4197 if you have questions.

To register and make a donation on line please go to Jewishhealingcenter.org.

THANK YOU!

Payment Options

- Enclosed is my check for \$ _____
- Please send me an invoice for my sponsorship.
- Please charge \$ _____ to my credit card.
 Visa MasterCard

Card Number _____

Exp. _____

Name on Card _____

Name(s) as you wish to be listed _____

Phone (daytime) _____

Email _____

Address _____

City/State _____ Zip _____

Grief and Growing™ Fund Event

Honorary Event Co-Chairs: Susan and Jay Mall and Mary and Harold Zlot