



**CORPORATE OFFICE**

1275 30<sup>th</sup> Street  
San Diego, CA 92154

619.662.4100  
www.syhc.org

**PRIMARY CARE AND  
DENTAL CLINICS**

**Chula Vista Medical Plaza**  
678 3<sup>rd</sup> Avenue  
Chula Vista, CA 91910

**Comprehensive Health Center**  
3177 Ocean View Blvd.  
San Diego, CA 92113

**Comprehensive Health Center**  
286 Euclid Avenue, Suite 302  
San Diego, CA 92114

**King-Chavez Health Center**  
950 S. Euclid Avenue  
San Diego, CA 92114

**Maternal and Child Health Center**  
4050 Beyer Blvd.  
San Ysidro, CA 92173

**National City Family Clinic**  
1136 D Avenue  
National City, CA 91950

**Otay Family Health Clinic**  
1637 3<sup>rd</sup> Avenue  
Chula Vista, CA 91911

**Paradise Hills Family Clinic**  
2400 E. 8<sup>th</sup> Street, Suite A  
National City, CA 91950

**San Diego Children's Dental Clinic**  
8110 Birmingham Way, Bldg. 28  
San Diego, CA 92123

**San Ysidro Health Center**  
4004 Beyer Blvd.  
San Ysidro, CA 92173

## CALL FOR GALA AUCTION DONATIONS

April – May 2014

San Ysidro Health Center is holding its 2014 Gala – ***Let's Dance! A Gala Celebrating 45 Years*** – on Saturday evening, June 28<sup>th</sup> at The Hotel Del Coronado.

Donating to the auction is an opportunity for you and your company to make a difference in the lives of many and benefit by the return on your investment.

For 45 years, San Ysidro Health Center (SYHC) has been truly changing lives by providing a health care safety net for our community's traditionally underserved and culturally diverse people.

The Gala is our most important fundraising and public relations event of the year. Over 500 guests will attend, including: Fortune 500 ranked business leaders; executive level hospital and university administrators; primary care and specialized care physicians and dentists; elected officials; philanthropists; and society media.

The Gala's success will help SYHC bring essential medical, dental, and counseling services to almost 86,000 registered patients in San Diego County, the majority of them women, children and seniors. Funds raised this year will specifically support our plans to expand facilities and services for our senior patients.

Your donation will gain visibility for your business through the attending guests and through publicity surrounding the event. This includes:

- Business name and donation listed on the Gala auction webpage and mobile phone bidding site at the event;
- Branded signage on display with your donation at the event;
- Business name listed on the auction page in the Gala commemorative program; and
- Business name or logo projected on auction slide at the event.

SYHC's goal is to ensure that everyone who comes to our door receives the quality care and help they need. What we need is to count on you to keep us moving forward.

Please pledge your donation by completing the attached registration form or contact Candy Cuevas at [ccuevas@syhc.org](mailto:ccuevas@syhc.org) or (619) 205-6326 by May 1<sup>st</sup>.

Thank you for your consideration and support,

Kevin Mattson  
President & CEO

Ana Melgoza  
Vice President of External Affairs





# Let's Dance!

## A Gala Celebrating 45 Years of Patient-Centered Care

Saturday Evening, June 28, 2014 at the Hotel Del Coronado

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## Auction Donation Pledge Form

Estimated Value \$\_\_\_\_\_. All donations to San Ysidro Health Center are tax deductible as allowed by law. Federal Tax ID # 95-2801772

Item Description (Describe item as you wish it to appear in the auction catalogue):

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Expiration Date: \_\_\_\_\_ (Should be no earlier than 5/31/2015)

Restrictions or Limitations?:  No  Yes (Please describe below)

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Pickup / Delivery Instructions:  Donor Delivery  Item Accompanies Form  N/A

Display Instructions:  Display Material Included  No Display Material Included

Special Instructions: \_\_\_\_\_

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### Donor Information

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Recognition Name(s) (As you would like to be listed online and in the auction catalogue):

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Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Solicitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_