

# COASTAL KIDS 20<sup>TH</sup> ANNIVERSARY

## OUR STORY

After more than two decades as a pediatric nurse, Margy Mayfield saw firsthand that children with serious illnesses wanted to be home. Frustrated by how quotas and cutbacks impacted care, she believed kids deserved better. In 2005, she founded Coastal Kids Home Care, California's only pediatric home health agency, with a mission to deliver high quality, compassionate care to children with serious or life limiting illnesses, regardless of a family's ability to pay.

Since then, Coastal Kids has served over 11,000 children and completed more than 100,000 in home visits. Each year, we care for about 700 medically fragile children across Monterey, Santa Cruz, San Benito, and Santa Clara. As the only provider of pediatric palliative and end of life care in these areas, we remain true to Margy's vision: every child deserves exceptional care in the comfort and safety of home.

## 20TH ANNIVERSARY CELEBRATION

This year, Coastal Kids Home Care celebrates 20 years of compassionate care, and we invite you to join us for an unforgettable evening. Our 20th Anniversary Celebration will feature a rustic-elegant setting, filled with shared stories, delicious bites, fine wine, and interactive ways to give back.

Inspired by the power of storytelling, the evening will honor our journey and the impact we've made together. You'll hear reflections from families like Lyla's, who beat cancer as a toddler and recently celebrated her high school graduation.

**Join us as we celebrate the past and look ahead to the next inspiring chapter!**

**Saturday, October 18th, 2025**

**6:00 PM - 10:00 PM**

**Rustique Winery**

**1010 River Road Salinas, CA 93908**



JOSE



ELLIE



NATHAN



KEPLER



LYLA



DAPHNE



ELIJAH

# HELP US WRITE THE NEXT CHAPTER OF COASTAL KIDS

Your sponsorship helps us write the next chapter in the Coastal Kids story—a chapter filled with hope, healing, and compassionate care. Your support directly fuels our ability to provide:

- In-Home Nursing Care – Helping medically fragile children thrive in the comfort of home
- Palliative & End-of-Life Care – Supporting families through the most difficult times
- Mental Health Services – Offering counseling for children coping with chronic illness
- Therapy Services – Providing physical, occupational, and speech therapy for children in need

With your support, we can ensure that no child faces illness alone—and that every family receives the care they need to turn the page toward a brighter future.



Sponsorship Level	Presenting Sponsor	Gold Sponsor	Silver Sponsor	Bronze Sponsor	Coastal Kids Friend
Contribution Level	\$10,000+	\$5,000+	\$2,500+	\$1,000	\$500
Event Tickets	6	4	2	2	1
Event Program Feature	Full Page Ad	Half Page Ad	Quarter Page Ad	Logo	Name Listed
On-Site Recognition	✓	✓	✓	✓	✓
Website Recognition	✓	✓	✓	✓	
Social Media Recognition	✓	✓	✓		
Newsletter Feature	✓	✓			
Name added to Donor Wall at Coastal Kids' Salinas Office	✓				

*In-kind donations receive sponsorship benefits matching the donation value. We welcome contributions such as printing services, floral, rentals, and other goods or services that support the event. Gift baskets, certificates for services, or merchandise for prizes are also greatly appreciated!*

## JOIN US AS A SPONSOR!

Secure your sponsorship today and be part of a night celebrating 20 years of Coastal Kids and the families we serve. For more information or to confirm your sponsorship, contact:

**Savanna Harris at [sharris@coastalkidshomecare.org](mailto:sharris@coastalkidshomecare.org) or (831) 601 4225.**

Thank you for helping us create a lasting impact for Coastal Kids Home Care!

First Name \_\_\_\_\_ Middle Initial (optional) \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Payment Information

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

Scan here to sponsor online



My check is enclosed (Payable to Coastal Kids Home Care)

Charge to my credit card  Visa  MasterCard  American Express

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail form to 1172 S. Main Street #125 Salinas, CA 93901*