YES! COUNT ME IN TO BE A PROUD SPONSOR

2017 SPONSORSHIP COMMITMENT FORM

☐ **DONATE NOW: My gift is enclosed**

☐ **DONATE LATER: I prefer to make my donation at a later date:**

Please indicate what month: _____-

Please complete the entire form or go online pickofthevine.org and return as soon as possible.
Many of our marketing benefits are time sensitive.

Sponsor Name: _____
Please print name exactly as you wish it to appear in the event publicity

Contact Name: _____

Address:_____

City:_____ State:_____Zip:_____

Telephone: (_____) _____Email: _____ Fax: (_____) _____

SELECT SPONSORSHIP

- ☐ $15,000 Presenting
- ☐ $10,000 Premier
- ☐ $5,000 Premium
- ☐ $2,500 Major
- ☐ $1,000 Benefactor
- ☐ $500 Supporter
- ☐ $250 Advocate

METHOD OF PAYMENT

☐ Check (payable to Senior Advocacy Services)

☐ VISA ☐ MasterCard

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐/☐☐

Card Number **EXP**

Amount to be charged:_____ _____

CSC (Card Security Code is the three or four digit number on the back of card)

_____

Name as it appears on credit card

_____ _____

Date **Signature**

Please note for your records, our Non-Profit Federal Tax ID# is 94-2684774

Return completed form via fax mail or email to:

Senior Advocacy Services
1304 Southpoint Blvd Suite 280
Petaluma, CA 94954

Phone: 707.526.4108
Fax: 707.526.5118
Email: pov@sasnb.org
Online Form: pickofthevine.org

Senior Advocacy Services
Ombudsman Program
HICAP

PICK OF THE VINE
30TH ANNIVERSARY
WINE & BEER TASTING