2019 PICK OF THE VINE 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:_____ _____

CVV Code (three or four digit number on the back of card)

_____

Name as it appears on credit card

_____ _____

Date **Signature**

Senior Advocacy Services is a 501(c)3 charity organization. All contributions are tax deductible.
Tax ID# 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-Medicare
Elder Justice Initiative

PICK of the VINE