



17TH ANNUAL WINE & FOOD TASTING

Sunday April 30, 2017, 2:00 to 5:00 PM
 Catta Verdera Country Club
 Lincoln, California 95648

SPONSORSHIP OPPORTUNITIES

Select your Participation Level

For additional information, please call, Tom Battaglia at (916) 521-3836

<input type="checkbox"/> Champagne Level - \$5000 Contribution <ul style="list-style-type: none"> • Full page ad • Ten Tickets to Event • Recognition in Event Program • Recognition on Website • Logo/Business Displayed at Event • Public Recognition at Event 	<input type="checkbox"/> Bordeaux Level - \$2500 Contribution <ul style="list-style-type: none"> • Half page ad • Eight Tickets to Event • Recognition in Event Program • Recognition on Website • Logo/Business Displayed at Event • Public Recognition at Event
<input type="checkbox"/> Cabernet Level - \$1500 Contribution <ul style="list-style-type: none"> • One fourth page ad • Six tickets to Event • Recognition in Event Program • Recognition on Website • Logo/Business Displayed at Event • Public Recognition at Event 	<input type="checkbox"/> Zinfandel Level - \$1000 Contribution <ul style="list-style-type: none"> • One fourth page ad • Four tickets to Event • Recognition in Event Program • Recognition on Website • Logo/Business Displayed at Event • Public Recognition at Event
<input type="checkbox"/> Chardonnay Level - \$500 Contribution <ul style="list-style-type: none"> • Business Card ad • Four tickets to Event • Recognition in Event Program • Recognition on Website • Logo/Business Displayed at Event 	<input type="checkbox"/> Merlot Level - \$250 Contribution <ul style="list-style-type: none"> • Two tickets to Event • Recognition in Event Program • Recognition on Website
<input type="checkbox"/> Gift Donation <ul style="list-style-type: none"> • Your name listed on the Auction gift • Recognition in Event Program <p>Description of Item(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Tickets for the Event <ul style="list-style-type: none"> • \$50 each or two for \$90 <p>Or \$60 each at the door</p> <p>Number of tickets desired: _____</p> <p>Amount Enclosed: _____</p> <p>(Make checks payable to Placer Care Coalition)</p>

Name _____

Business Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Return Form to:
 Placer Care Coalition
 C/O Tom Battaglia
 P.O. Box 531
 Roseville, CA 95661-4827
 Fax (916) 781-2302
 Email: tbattaglia@surewest.net



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