



A Benefit for
the



Senior Charity Care Foundation

Corporate Sponsor: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

*Please include the names and contact information of your guests on the next sheet and send to
beth.sccf@gmail.com.*

Sponsorship Level:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hope - \$50,000 | <input type="checkbox"/> Diamond - \$25,000 | <input type="checkbox"/> Titanium \$15,000 |
| <input type="checkbox"/> Platinum - \$10,000 | <input type="checkbox"/> Gold - \$5,000 | <input type="checkbox"/> Silver - \$2,500 |
| <input type="checkbox"/> Bronze - \$1,500 | <input type="checkbox"/> Name your own amount (\$10,000+) \$ _____ | |
| <input type="checkbox"/> Individual Tickets - \$100 each # _____ | <input type="checkbox"/> Donation \$ _____ | |

Payment:

- Check Visa MasterCard American Express Discover

Card Number: _____ Exp Date: _____

Signature: _____

Payment due by March 15, 2019.

For more information or to discuss the "name your own amount" opportunity, call 801.698.1296. Please make checks payable to Senior Charity Care Foundation.

The Senior Charity Care Foundation is a tax-exempt not-for-profit organization under section 501(c)(3). The amount of your charitable donation is limited to the excess of your payment over the value of the goods and services provided. Please consult your tax advisor.

www.seniorcharitycarefoundation.org

PO Box 744, Kaysville, UT 84037

