



A Benefit for  
the



*Senior Charity Care Foundation*

Corporate Sponsor: \_\_\_\_\_

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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:*

- Hope - \$50,000       Diamond - \$25,000       Titanium \$15,000
- Platinum - \$10,000       Gold - \$5,000       Silver - \$2,500
- Bronze - \$1,500       Name your own amount (\$10,000+) \$ \_\_\_\_\_
- Individual Tickets - \$100 each # \_\_\_\_\_       Donation \$ \_\_\_\_\_

### *Payment:*

- Check     Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Payment due by April 22, 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](http://www.seniorcharitycarefoundation.org)

PO Box 744, Kaysville, UT 84037



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*Senior Charity Care Foundation*

*Guest Registry*

*Name:*

*Phone #:*

*Email:*


*Please make extra copies as needed, per sponsorship level.*