



SPONSORSHIP COMMITMENT FORM
38TH ANNUAL WINE TASTING & AUCTION
Saturday, November 4, 2017

- PRESENTING SPONSOR - \$30,000** **DOM PERIGNON - \$10,000**
- PROSECCO - \$7,500** **CABERNET SAUVIGNON - \$5,000**
- MERLOT - \$2,500** **SAUVIGNON BLANC - \$2,000**
- TASTING SPONSOR- \$500** **INDIVIDUAL TICKET- \$150**

We are unable to sponsor the Wine Tasting at this time. Please accept our tax-deductible contribution of \$ _____

*Sponsorship commitments must be received by **August 1, 2017** to be included on the printed invitation*

COMPANY NAME: _____
As you wish it to appear for recognition purposes

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

SPONSORSHIP AMOUNT \$ _____ CHECK ENCLOSED PLEASE INVOICE MY COMPANY

All sponsorship pledges must be paid in full by November 3, 2017

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

Cancer Family Care
2421 Auburn Avenue
Cincinnati, Ohio 45219

FOR MORE INFORMATION CALL OR EMAIL DAWN:

(513) 731-3346 EXT. 108
dperrin@cancerfamilycare.org

THANK YOU FOR YOUR SUPPORT OF CANCER FAMILY CARE!