

Valley Caregiver Resource Center Presents a

GREEK GALA

October 18th, 2024 – 6:30pm
Clovis Veterans Hall



SPONSOR LEVELS

\$10,000

PRESENTING SPONSOR

- ◇ Name or logo prominently listed on all event collateral and in all media spots
- ◇ Two sponsor tables for eight with VIP service and seating
- ◇ Special VIP recognition, décor, and gifts for your tables at the dinner
- ◇ Name or logo listed on all VCRC social media sites and on our website
- ◇ Recognition in the quarterly VCRC Newsletter (circulation of 3,000)
- ◇ Full page ad in the event program

\$5,000

SAPPHIRE SPONSOR (ONLY FOUR AVAILABLE)

- ◇ One sponsor table for eight with VIP service and seating
- ◇ Name or logo on all VCRC social media sites and on our website
- ◇ Recognition in the quarterly VCRC Newsletter (circulation of 3,000)
- ◇ 1/2 page ad in the event program

\$3,000

EMERALD SPONSOR (ONLY EIGHT AVAILABLE)

- ◇ One sponsor table for eight with VIP service and seating
- ◇ Name or logo on all VCRC social media sites and on our website
- ◇ Recognition in the quarterly VCRC Newsletter (circulation of 3,000)
- ◇ 1/4 page ad in the event program

\$1,500

RUBY SPONSOR

- ◇ Four reserved seats
- ◇ Name or logo on all VCRC social media sites and on our website
- ◇ Recognition in the quarterly VCRC Newsletter (circulation of 3,000)
- ◇ Name listed in the event program

FOR QUESTIONS, PLEASE CONTACT:

Michelle DiBuduo, Executive Director

5363 N. Fresno Street, Fresno, CA 93710 ◇ www.valleycrc.org

Phone: (559) 224-9154 ◇ Fax: (559) 224-9179 ◇ mdibuduo@valleycrc.org

Valley Caregiver Resource Center is a 501(C)(3) charitable organization.
Contact your tax advisor regarding deduction of donations.



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RESERVATION FORM

◆ We Would Like to Support VCRC's 2024 Celebration of Care at the Following Sponsorship Level:

◆ PRESENTING SPONSOR	\$10,000	◆ SAPPHIRE SPONSOR	\$5,000
◆ EMERALD SPONSOR	\$3,000	◆ RUBY SPONSOR	\$1,500

◆ Please reserve _____ tickets at \$150.00 each

◆ We are unable to attend, a donation is enclosed in support of VCRC

◆ Please keep our donation if the event is changed due to COVID 19

Total Amount Due: \$ _____

◆ Check Enclosed ◆ Pay By Credit Card ◆ Pay By (Date): ____ / ____ / ____

Checks made payable to: Valley Caregiver Resource Center or VCRC.

For Credit Card Payments, please see attached 'Credit Card Form' or call VCRC to process.

Company Name/Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Authorizing Signature: _____

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CREDIT CARD FORM

If you wish to pay your sponsorship, ticket purchase, and/or donation with a credit card, please complete the following and return to VCRC via mail or email.

Card Type: Visa MasterCard Discover American Express

Authorized Amount to Charge: \$ _____

Name on Card: _____

Company: _____

Card Number: _____ Billing Zip Code: _____

Exp. Date (Month/Year): _____ Authorization Code: _____

Signature: _____



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