

• Long Beach, CA • Saturday, November 2, 2019 • 4:00pm to 7:00pm

SPONSORSHIP LEVELS:

PRESENTING SPONSOR – \$5,000
SPONSOR – \$2,500

CHARITABLE

CATERING SPONSOR – \$2,000
SPONSOR – \$1,500

SIGNATURE COCKTAIL

FRIENDS OF WCC SPONSOR – \$1,000

I am unable to participate as a sponsor, but I would like to support the Clinic's work.

Please accept my 100% tax-deductible contribution of \$

I am unable to participate as a sponsor, but would like to participate as an:

In-Kind donor _____ Event Volunteer

CONTACT INFORMATION:

COMPANY NAME
(as you want to be listed):

CONTACT PERSON:

ADDRESS:

CITY: _____ STATE: _____

ZIP: _____

PHONE: _____ FAX: _____

EMAIL:

PAYMENT:

CHECK

MASTERCARD

VISA

AMERICAN EXPRESS

CREDIT CARD # _____ EXPIRATION DATE _____
_____ SEC. CODE _____

PLEASE MAIL THIS COMPLETED FORM TO:

Wilmington Community Clinic
4th Annual Summer/Fall Event
1009 N. Avalon Blvd.
Wilmington, CA 90744

You may also email this form to: HYPERLINK
"mailto:gdecastro@wilmingtoncc.org" gdecastro@wilmingtoncc.org,

**For further information, to sponsor the event, place an ad or purchase tickets, please
contact**

Genesis at (310) 549-5760 ext 157 or via email at HYPERLINK
"mailto:gdecastro@wilmingtoncc.org" gdecastro@wilmingtoncc.org,

All donations are tax-deductible. Tax ID# 95-3137803

HYPERLINK "http://www.wilmingtoncc.org" www.wilmingtoncc.org