



• via ZOOM Event • Friday, July 24, 2020 • 7:00pm to 8:00pm

## SPONSORSHIP LEVELS:

- ☐ PRESENTING SPONSOR – \$5,000
- ☐ CHARITABLE SPONSOR – \$2,500
- ☐ 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 \_\_\_\_\_

## 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  
5<sup>th</sup> Annual Summer Event  
1009 N. Avalon Blvd.  
Wilmington, CA 90744

You may also email this form to: [gdecastro@wilmingtoncc.org](mailto:gdecastro@wilmingtoncc.org)

For further information, to sponsor the event or purchase tickets, please contact  
Genesis at (310) 549-5760 ext 157 or via email at [gdecastro@wilmingtoncc.org](mailto:gdecastro@wilmingtoncc.org)

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

[www.wilmingtoncc.org](http://www.wilmingtoncc.org)