



APRIL 26, 2020

SPONSOR COMMITMENT FORM

Please Submit by **March 1**
to be included on the event invitation.

I am pleased to support Sunday by the Sea at the following level:

- \$25,000 Executive Chef Sponsor
- \$15,000 Chef Sponsor
- \$10,000 Sommelier Sponsor
- \$ 5,000 Brew Master Sponsor
- \$ 2,500 Vintner Sponsor
- \$ 200 Individual Ticket
- I am unable to sponsor SBS. Please accept my tax-deductible donation of \$ _____

SPONSOR INFORMATION:

Sponsor Name / Company *(as you wish to be recognized)*

Contact Name	Email	Phone
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Address | City | State | Zip

METHOD OF PAYMENT *(check one):*

- Enclosed is my check for \$ _____ payable to Providence TrinityCare Foundation
- Please charge \$ _____ to my Visa MC AmEx Disc

Card #	Exp.
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Cardholder Name

Address | City | State | Zip

GUEST NAMES: **If to be determined, please provide names to the Foundation by April 17, 2020.*

PLEASE RETURN THIS FORM TO:

Providence TrinityCare Foundation
5315 Torrance Blvd., Suite B-1 | Torrance | CA 90503
(310) 543-3440 office | (310) 543-3461 fax

*Providence TrinityCare Foundation is a 501(c)(3)
non-profit organization. Tax ID #33-0261016*