



A Night in the Caribbean
09.23.17

RTH Stroke Foundation

Rio Hondo Event Center

Sponsorship Pledge Form

Sponsorships:

- Title Sponsor \$5,000 (Exclusive)
- Diamond Sponsor \$2,500
- Platinum Sponsor \$1,500
- Cocktail Reception Sponsor \$800
- Wine Sponsor \$1,000
- Dessert Sponsor \$1,200

TICKETS: \$85.00 X _____ ticket(s) = _____

DONATION: I am unable to attend but please accept my donation of \$_____ in support of the Diane Manarino Memorial Fund.

Contact Information:

Sponsor Name:

_____ (please list as exactly as you would like to be recognized in print)

Contact Person : _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment:

- Invoice: Please mail an invoice on _____ (date) for payment.
- Check: Make payable to: **RTH Stroke Foundation**
- Credit Card: Visa MasterCard American Express

Card #: _____ Exp. Date: _____ CVV: _____

Print Name (as it appears on card): _____

Signature: _____ Date: _____

Mail all forms and payment to:
Emily Rissala, RTH Stroke Foundation
23382 Mill Creek Drive Suite 130 Laguna Hills, CA 92653
p. (888)794-9466 | f. (949)315-3142 emilyr@rthfoundation.org