

twice as fine

2024 SPONSOR CONTRACT

Company Name/ Individual: _____

Contact Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Please check Sponsor Level:

Cabernet Sponsor **\$15,000**

Pinot Noir Sponsor **\$5,000**

Chardonnay Sponsor **\$1,000**

Merlot Sponsor **\$10,000**

Zinfandel Sponsor **\$2,500**

Malbec Sponsor **\$500**

Gift In-Kind — Retail Value \$ _____

Please send this Sponsorship Form and Donation Check to:

Alzheimer's Alliance Tri-State Area

100 MEMORY LANE

Texarkana, Texas 75503

Attn: Terrie Arnold

Please invoice me

I will make my payment online at
texarkanawinefestival.com

Credit Card Payment

Name: _____

Card #: _____

Expiration: ____ / ____ Sec. Code: _____

Address: (if different from above): _____

Please print company name and web address exactly as it should appear on all materials.

Name: _____

Web Address: _____

**SPONSORSHIP CONTRACT MUST BE RECEIVED BY MARCH 1, 2024
TO ENSURE INCLUSION IN ALL ELIGIBLE PRINTED MATERIALS**

Signature of Sponsor: _____

Signature of Alzheimer's Alliance Tri-State Area: _____

Terms & Conditions: To comply with IRS requirements, we advise you that the tax deductible amount of your contribution for Federal Income Tax purposes is limited to the excess of the amount of money plus the value of any non-cash property contributed by you over the value of the goods and services provided by Alzheimer's Alliance Tri-State Area. We will provide you with the total value of any goods and services provided as part of your sponsorship. This contract is subject to the terms and conditions stated on the form within this packet. Contributor has read, understood and agrees to be bound by these terms as a condition on contribution.

TAX ID: 75-2210717



Alzheimer's Alliance
Tri-State Area
Sustained • Distinguished • United

CONTACT **TERRIE ARNOLD** FOR MORE INFO
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