twice as fine 2025 SPONSOR CONTRACT

Company Name / Individual:	
Contact Person:	
Address:	City: State: ZIP:
Phone:	Fax:
Email:	
Yes, I want to increas	onsider increasing your sponsorship by 10% e my sponsorship by 10% x 10%= \$1,100.00
Please check Sponsor Level:	
Cabernet Sponsor 📋 \$15,000 📋 \$16,500	Merlot Sponsor 🔲 \$10,000 📋 \$11,000
Pinot Noir Sponsor 📋 \$5,000 📋 \$5,500	Zinfandel Sponsor \$2,500 \$\$2,750
Chardonnay Sponsor 📋 \$1,000 📋 \$1,100	Malbec Sponsor 🔲 \$500 🔲 \$550
Gift In-Kind – Reta	ail 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: / Address: (if different from above):

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

Name: _____

Web Address: ____

SPONSORSHIP CONTRACT MUST BE RECEIVED BY MARCH 3, 2025 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



CONTACT TERRIE ARNOLD FOR MORE INFO 903.223.8021 | terrie@alztristate.org

