twice as fine

2027 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: Jennifer Unger

- ☐ 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, 2027
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
Arkansas • Oklahoma • Texas

CONTACT **JENNIFER UNGER** FOR MORE INFO
903.223.8021 | jennifer@alztristate.org

Our Place
RESPITE CARE CENTER
Est. 2013