

*"Walking the road
of recovery together."*



SPONSOR / DONOR COMMITMENT FORM

BBQ Awareness Event - September 25, 2020

In Support by Klienfeldt Family BBQ

Sponsor/Donor Name (as it should appear in print): _____

Contact Name (if different): _____

Address: _____

Telephone: _____

Email Address: _____

CASH Sponsorships / Donations:

☐ Amount - \$ _____

In-Kind Sponsorships / Donations:

☐ In-Kind Service

☐ Donation of product

☐ Other: _____

For Cash Sponsorships and Donations, how will you be making payment?

☐ **Check enclosed payable to Valley Health Associates.**

Please mail to Valley Health Associates, 427 Pajaro Street, Suite 4, Salinas, CA 93901

☐ Please bill my **Credit Card**. ☐ Visa ☐ MasterCard

ACCOUNT#

EXP. DATE

CVC#

SIGNATURE

For In-Kind Sponsorships and Donations, please provide a description of the item(s) or a description of the services to be provided.

_____ (Value: \$ _____)

Please provide any instructions regarding arranging for / picking up your in-kind service/item.

**Please submit
this form to:**

Valley Health Associates
427 Pajaro Street, Suite 4, Salinas, CA 93901
Amy Bravo, Executive Director: amy.vha@att.net
www.valleyhealthassociates.com
(831) 424-6655 ph. (831) 424-9717 fax
501(c)3 Tax ID #77-0297577