



Sponsorship Reply Form

SPONSOR NAME (AS YOU WOULD LIKE TO BE LISTED)		WEBSITE	
ADDRESS	CITY	ST	ZIP
CONTACT PERSON		TITLE	
OFFICE PHONE	FAX	EMAIL ADDRESS	

SPONSORSHIP LEVEL: Please check one. Benefit descriptions enclosed.

- | | |
|---|--|
| <input type="checkbox"/> BOUQUET SPONSOR
\$5000 OR MORE | <input type="checkbox"/> TULIP SPONSOR
\$500 OR MORE |
| <input type="checkbox"/> ORCHID SPONSOR
\$2500 OR MORE | <input type="checkbox"/> POPPY SPONSOR
\$250 OR MORE |
| <input type="checkbox"/> ROSE SPONSOR
\$1000 OR MORE | <input type="checkbox"/> FORGET-ME-NOT SPONSOR
\$100 OR MORE |

OPTIONAL:

- I do not wish any Garden Tour tickets. Please put all my donation toward program funding.*

DONATION: Contribution amount of your choice.

\$_____ *All donations make an impact. Recognition in the Donor Listing Section in the Alliance newsletter and on the Alliance website (www.scmaa.org).*

PAYMENT:

- CHECK ENCLOSED** Payable to **SCMAA-Foundation**, a 501(c)3 tax exempt organization, Tax ID 02-0542304
- CREDIT CARD** (Circle one) Mastercard Visa Credit Card # _____
Exp Date _____ CRV Code _____ Name: _____
Signature: _____

Mail completed form to: **SCMA Alliance Foundation—Garden Tour 2009**
660 Wild Oak Drive
Santa Rosa CA 95409