

2018 TASTING ON YOUR OWN "PARTY PACT"

Please print clearly. Complete and mail, with payment, to Hospital Hospitality House, 527 West South Street, Kalamazoo, MI 49007 no later than February 15, 2018. Please keep a copy for your records.

Name as you wish to be recognized: _____

Contact person: _____

Address: _____

Email: _____ Phone: _____

Please keep this sponsorship anonymous

SPONSORSHIP LEVELS (number of bottles of wine in your tasting):

\$2500 (7) \$1500 (5) \$750 (3) \$250 (1)

\$2000 (6) \$1000 (4) \$500 (2)

Please indicate your wine preferences from the list below, selecting a total quantity equal to the number of bottles associated with your sponsorship level:

___ Chardonnay ___ Riesling ___ Cabernet Sauvignon ___ Merlot

___ Pinot Grigio ___ Sauvignon Blanc ___ Malbec ___ Zinfandel

___ HHH gratitude is enough thanks for me. I prefer my contribution be 100% tax deductible and decline a gift of any wine in return.

Please deliver my "tasting" to this Kalamazoo area address on **February 28** between 10:00am and 5:00pm:

I will pick up my "tasting" from the Henson Avenue House, 1800 Henson Avenue on **February 28** between 3:00pm and 6:00pm **and take a quick tour of the new house at the same time.**

Payment information:

a check, # _____, payable to Hospital Hospitality House, is enclosed

please charge my MasterCard VISA

_____ exp. _____ CVV _____

Sponsor authorized signature _____

THANK YOU FOR TASTING FOR HOSPITAL HOSPITALITY HOUSE!

For HHH office use only:

Contract Rec'd ___/___ by ___ Check Rec'd ___/___ by ___ First Data ___/___ by ___ FNB ___/___ by ___

GiftWorks ___/___ by ___ QuickBooks ___/___ by ___ Thank you/Receipt ___/___ by ___

MICS #8329