



34th Annual Anchorage Wine & Food Festival

Supporter Commitment Form

April 6, 2019 | 5:30pm | Hotel Captain Cook



Name/Company: _____

(As you would like displayed in event materials, if applicable)

Mailing Address: _____

City, State, Zip: _____

SPONSORSHIP PACKAGES (please circle)

Presenting \$25,000	VIP Pre-Party \$15,000	Survivorship \$15,000	Table Gift \$12,500	Keynote Speaker \$12,500	Bid Board \$12,500
Valet \$10,000	Printing \$10,000	Research \$10,000	Prevention \$10,000	No-Host Bar \$10,000	Décor \$7,500
Tablesides Wine Service \$7,500	Mission Boutique \$7,500	Silent Auction \$7,500	Light-Up-The-Night \$7,500	Champagne \$7,500	Auction Paddle \$7,500
Mystery Wine \$7,500	Game of Chance \$7,500	Game of Skill \$7,500	Check-In \$7,500	Check-Out \$7,500	Live Auction \$7,500
Photo Booth \$7,500 (plus cost of booth)	Technology \$7,500	Table of 10 \$5,000			

PAYMENT INFORMATION

() Enclosed is a check made out in the amount of: \$ _____

() I would like an invoice for the full amount sent to the mailing address listed above

() I authorize the American Cancer Society to charge the credit card listed below in the amount of: \$ _____

Card Number: _____ Exp. Date: _____

Name on Card (please print): _____

Authorized Signature: _____

Billing Address (if different than above): _____

City, State, Zip: _____

Full Name (of person completing this form): _____

Daytime Phone: _____ Email: _____