

STAY HOME AND UNWINE WITH US



A VIRTUAL WINE TASTING EVENT & SILENT AUCTION

Honoring 2021 George Boykin Good Citizen Award Recipient

Kevin Grieme, Health Director

Siouxland District Health Department

Saturday, April 10, 2021 - 6:00 PM

SPONSORSHIP COMMITMENT FORM

\$2,500 - PREMIER: PRESENTING SPONSORS

- Inclusion of logo on all event materials
- Logo displayed during entire event
- Full page ad in virtual event program
- Five complimentary wine tasting sets for two people
- Invitation for two to an exclusive, one-hour reception to meet the winemaker at the Warrior Hotel and attend the intimate in-person portion of the event (pending COVID guidelines at time of event)

\$1,000 - CONNOISSEUR

- Inclusion of logo on all event materials
- Half-page ad in virtual event program
- Four complimentary wine tasting sets for two people

\$500 - VINTAGE

- Quarter-page ad in virtual event program
- One complimentary wine tasting set for two people

\$250 - CHAMPAGNE

- Name placement in virtual event program
- One complimentary wine tasting set for two people

\$100 - WINE STEWARD

- One wine tasting set for two people

I would like to register for the event.

Registration: \$100 for a wine tasting set for two people

of Wine Tasting Sets: _____ x \$100: \$ _____ Total

One wine tasting set includes:

- 3 bottles of wine from James Arthur Vineyards
- 2 wine glasses
- 2 coasters
- 1 wine key
- Sample food pairing

Sets will be shipped to your location of choice.

I am unable to attend the event, but I would like make a contribution: \$ _____

I would like to buy ticket(s) for SCHC employees: \$ _____

Your support of our event will provide a direct impact to the patients we serve, benefiting programs and services that help build a healthier community.

CONTACT INFORMATION

Name: _____

Company: _____

Shipping Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

SPONSORSHIP AND PAYMENT OPTIONS

Total Enclosed: \$ _____

Online:
<https://secure.qgiv.com/event/schcannualdinner/>

Check Payable to:
Siouxland Community Health Foundation

Credit Card:    

Name on Card: _____

Card #: _____

Exp. Date: _____ CVC Code: _____

Billing Address: _____

City, State, Zip Code: _____

Sponsorships must be received by March 15
to be recognized in event materials.