

SUN STREET CENTERS

50TH ANNIVERSARY JUBILEE

The year 2018 marks Sun Street Centers' 50th Anniversary. In the coming year, the organization will be showcasing the many partners, service providers, clients, and volunteers who have contributed to and supported our vision: to treat and prevent addiction, while supporting recovery. We are calling this our Golden Jubilee Year and we invite you to be a part of our celebrations by adding your name to the list of Golden Jubilee Sponsors.

CELEBRATIONS

12 January, 2018—Partner Appreciation Lunch at the Rodeo Grounds Mall

31 March, 2018—50th Jubilee Gala at Tehama Country Club

September, 2018—Alumni Family Fun Day at the Sheriff's Posse Grounds

GOLDEN JUBILEE GUILD SPONSORSHIP

Gold Sponsor—\$10,000—Table for eight (8) guests at gala and lunch, logo/name in event programs and website, logo on event invite, half page ad in event programs, verbal acknowledgement

Silver Sponsor—\$5,000—Gala and lunch tickets for four (4), logo/name in event programs and website, logo on event invite, half page ad in event programs, verbal acknowledgement

Bronze Sponsor—\$2,500—Gala and lunch tickets for two (2), logo/name in event programs and website, quarter page ad in event programs

For more information please contact Anna Foglia:
afoglia@sunstreet.org or 831-753-5144 x 1



SUN STREET CENTERS

GOLDEN JUBILEE GUILD SPONSORSHIP FORM

Please fill out the form entirely

SPONSOR NAME: _____

(Exactly as you want to be listed in publications and promotional materials)

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ EMAIL: _____ FAX: (____) _____

COMPANY WEBSITE (FOR APPROPRIATE SPONSORSHIP LEVELS): _____

(By providing this information, you agree to have your website linked to Sun Street Centers)

SELECT EVENT:

I'd like to sponsor (circle one): PARTNER APPRECIATION LUNCH GALA ALUMNI FAMILY FUN DAY

SELECT SPONSORSHIP LEVEL:

- \$10,000 GOLD SPONSOR
- \$5,000 SILVER SPONSOR
- \$2,500 BRONZE SPONSOR

METHOD OF PAYMENT:

- CHECK (Please make check payable to Sun Street Centers and mail to address)
- VISA MC AMEX DISCOVER

_____ CSC _____ ESP _____

NAME: _____

SIGNATURE: _____

RETURN COMPLETED FORM BY SEPTEMBER 15, 2017:

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