



SBCC FOUNDATION GALA
APRIL 27, 2019

YES! Count on us as sponsors at the following level:

PRESENTING: \$50,000

TRUSTEE: \$25,000

CHANCELLOR: \$15,000

PRESIDENT: \$10,000

DEAN: \$5,000

DEPARTMENT CHAIR: \$2,500

CONTACT INFORMATION

First & Last Name _____ Title _____

Phone: _____ Cell: _____ Email: _____

Are you the program ad design contact? Yes No

If not, who is? Name: _____ Phone: _____ Email: _____

COMPANY/ORGANIZATION INFORMATION

Company Name: (As it should appear in promotional materials) _____

Street Address: _____

City: _____ State: _____ ZIP: _____

FAX: _____ Website: _____

I agree that you may use our company name in pre- and post- event publicity as well as in the event program.

PAYMENT INFORMATION

Method of payment: Credit card Check enclosed This is a pledge, please bill me.

Credit card type: Visa MasterCard American Express Discover

Card No. _____ 3-digit code: _____ Exp. Date: _____

Name as it appears on card (please print): _____

Billing Address: _____

Authorized Signature: _____ Date: _____

Please make all checks payable to SBCC Foundation and return form to:

Raissa Smorol
SBCC Foundation
721 Cliff Drive
Santa Barbara, CA 93109



Or scan and email to: smorol@sbccfoundation.org

SBCC Foundation nonprofit TAX ID number: 95-323-4551