HEALDSBURG



SUNDAY, OCTOBER 13, 2024

Join us for our annual wine tasting event at the Healdsburg Plaza. 700 Guests. 60 Wineries. 1 Great Cause.

Become a Sponsor

Your sponsorship will help provide after-school programming to young people in Sonoma County, especially those who need us most. Includes recognition on our social media and website, verbal and printed recognition, and in all event-related emails.

Sponsorship Levels

PRESENTING SPONSOR - (\$25,000)

- Logo recognition on all event materials
- Logo navigation on the Website
- Speaking Opportunity at Event
- Logo on souvenir wine glass
- Promotion on social media
- Twelve (12) VIP tickets

SALMANAZAR - (\$10,000)

- Logo recognition on all event materials
- Logo navigation on the Website
- Promotion on social media
- Ten (10) VIP tickets

IMPERIAL - (\$7,500)

- Logo recognition on all event materials
- Logo navigation on the Website
- Promotion on social media
- Eight (8) VIP tickets

DOUBLE MAGNUM - (\$5,000)

- Logo recognition on all event materials
- Logo navigation on the Website
- Promotion on social media
- Six (6) VIP tickets

MAGNUM - (\$2,500)

- Logo recognition on all event materials
- Logo navigation on the Website
- Promotion on social media
- Four (4) VIP tickets

LOCAL MERCHANT - (\$600)

- Logo recognition on all event materials
- Logo on the Website
- Promotion on social media



Click wine glasses to register by credit card or fill out form on next page

All proceeds benefit Boys & Girls Clubs of Sonoma-Marin

www.healdsburgcrush.com

THANK YOU FOR YOUR SUPPORT!

501(c)(3) - Tax ID#: 68-0309534 Your contribution is tax deductible to the full extent of provided by law.





Pouring on the Plaza

Sponsorship Information

Family/Company Name:		
Contact Name:		
Street Address:		
City	State Zip	
Email:	Phone:	
Sponsor Level		
\$25,000 - PRESENTING SPC	DNSOR	
\$10,000 - SALMANZAR		
\$7,500 - IMPERIAL		
\$5,000 - DOUBLE MAGNUM	1	
\$2,500 - MAGNUM		
\$600 - LOCAL MERCHANT		
Please accept our donation i	n the amount of \$	
Payment Inform	nation	
Enclosed is my check payab	le to Boys & Girls Clubs of Sonoma-Marin	
Please charge my credit care	dVisaMastercardAmex	
Card Number:	Exp:/ Security Co	de

Name as it appears on card:______ Billing Zip Code: _____

Signature: Date:

Return This Copy To:

Boys & Girls Clubs of Sonoma-Marin 1400 North Dutton Avenue, Suite 24 Santa Rosa, CA 95401 *Please make a copy for your records

Questions?

Contact Hayley Bly at hbly@bgcsonoma-marin.org or (707) 919-0548 healdsburgcrush.com



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