

## Participation & Contribution Form

You may also purchase tickets and sponsorships by credit card online at [artcaresf.org/tickets](http://artcaresf.org/tickets)

I/We would like to attend the ArtCare Awards Benefit on April 9, 2018 and purchase the following:

<input type="checkbox"/> <b>ArtCare Gold Sponsor</b>	1 Table / 10 Seated	<b>\$15,000</b>
<input type="checkbox"/> <b>ArtCare Silver Sponsor</b>	1 Table / 8 Seated	<b>\$10,000</b>
<input type="checkbox"/> <b>ArtCare Benefactor</b>	1 Table / 8 Seated	<b>\$5,000</b>
<input type="checkbox"/> <b>ArtCare Patron</b>	4 Attending	<b>\$2,500</b>
<input type="checkbox"/> <b>ArtCare Friend</b>	2 Attending	<b>\$1,000</b>
<input type="checkbox"/> <b>Arts Enthusiast</b> (Single Tickets)	Quantity: _____ x \$200 = _____	

Sorry, I/We cannot attend, but would like to make a donation in the amount of: \_\_\_\_\_

Sponsors will be acknowledged in the program, printed materials and website.

Please specify how you would like to be listed: \_\_\_\_\_

To whom should we email confirmation? \_\_\_\_\_

<input type="checkbox"/> <b>Check will be mailed:</b> Please make check payable to: <i>"Intersection for the Arts"</i> And add note in memo line: <i>"ArtCare"</i>	<input type="checkbox"/> <b>Please charge credit card:</b> Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Card Number: _____ Expiration:    _____    CVV: _____ Name on Card: _____ Billing Zip Code: _____
<b>Return this page and your contribution to:</b>  ArtCare c/o Intersection for the Arts 901 Mission Street, Suite 306 San Francisco, CA 94103	<b>For additional information</b>  Call Megara Vogl at 415-307-1830 Email <a href="mailto:info@artcaresf.org">info@artcaresf.org</a> Or visit <a href="http://artcaresf.org/awards">artcaresf.org/awards</a>

*We are fiscally sponsored by Intersection for the Arts, a 501(c)(3) nonprofit organization, which allows us to offer you tax deductions for your contributions.*