

**CULTIVATION**

**2022 Starting Over, Inc. Luncheon &**

**Barbara Barker Award Celebration**

**Corona Circle City Center**

FRIDAY December 9, 2022 11:30 AM – 1:30 PM

***Please Return Sponsorship Form No Later Than November 12, 2022. You may request to be invoiced.***

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| **PURCHASE FORM** |
| **X** | **SPONSORSHIP\*\******See the SPONSORSHIP, PROGRAM, SEATING BENEFITS & PRICING TABLE for Sponsorship Details.*** |
|  | DIAMOND (limited to 1 sponsor) |  $10,000 |
|  | PLATINUM (limited to 2 sponsors) | $7,500 |
|  | GOLD (limited to 5 sponsors) | $5,000 |
|  | SILVER  | $2,500 |
|  | BRONZE  |  $1,000 |
| **X** | **SPECIAL EDITION PROGRAM ADS\*\*** |
|  | FULL PAGE |  $1,000 |
|  | HALF PAGE |  $500 |
|  | QUARTER PAGE |  $250 |
|  | BUSINESS CARD |  $100 |
| **SEATING\*\*** |
| TABLE(S) (8 Seats) | $480 | No. of Tables |  | Total $ |  |
| SEAT(S) |  $60 | No. of Seats |  | Total $ |  |
| DONATED SEAT(S) |  |  |
| **IMPORTANT** Please email names of attendees to ***office@startingoverinc.org* by December 1, 2022**. *We encourage the purchase and donation of seats for youth and seniors. Please indicate above the number of purchased seats you would like to donate.* |
| **DONATIONS** |
| TRANSITIONAL AND PERMANENT HOUSING PROGRAM | **$** |
| Riverside All of US or NONE | **$** |
| I Am Unable to Attend But I Would Like to DONATE the Following  | **$** |
| **TOTAL FOR ALL ITEMS SELECTED\*\*** |
| **Total Amount Due to Starting Over, Inc.**  | **$** |
| REQUIRED PURCHASER INFORMATION**Please Submit a Copy of THIS FORM with Your Check or Credit Card Information** |
| Organization Name: |  |
| Contact Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Phone: |  |  | Email: |  |

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| **CHECK PAYMENT INFORMATION** |  | **CREDIT CARD PAYMENT INFORMATION** |
| **Make Checks Payable to:** | Starting Over, Inc. Fundraiser |  | **Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Mailing Address:** | Starting Over, Inc. 6355 Riverside Ave, Ste 100Riverside CA 92506 |  | **Expiration M/Yr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **CVS 3 Digit Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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| *We are a 501(c)(3) nonprofit, Tax Id: 90-0455003.For additional information please contact: Starting Over, Inc at 951 898 0862 or office@startingoverinc.org.* |

office