

**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 100  Riverside 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