



# SPONSORSHIP FORM

Donor Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Sponsorship Level		\$ _____
Underwriting Item		\$ _____
In-Kind Donation		\$ _____
Other Donation		\$ _____

Additional Info \_\_\_\_\_

## PAYMENT INFORMATION

Credit Card Visa Mastercard American Express Discover

Number \_\_\_\_\_ Ex Date mm/yy \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Check Enclosed for \_\_\_\_\_ payable to Wolchek Foundation

Print Name for Publications \_\_\_\_\_

Submit Artwork to [dwight@7cswinery.com](mailto:dwight@7cswinery.com)

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Sign and Send to Sippin N Sawin 502 E 560<sup>th</sup> Rd Walnut Grove MO 65770 or Fax 417-788-2276