



The Dementia Expense And Nursing Assistance Foundation #

Sponsorship Form

Please select your sponsorship level:

Bronze Level \$200

*Includes name only on event banners, program, marketing materials

Silver Level \$500#

*Includes medium logo on event banners, programs and marketing materials, plus two tickets to the Gala and other yearly events

Gold Level \$1000

*Includes large logo on event banners, programs and marketing materials, plus two tickets to the Gala and other yearly events

Platinum Level \$2000

*Includes premium spot for logo on banners, programs and marketing

#

#

Make Checks Payable to:

The DEANA Foundation

Mail Check and this form to:

**The DEANA Foundation
7535 Jurupa Ave, Unit F
Riverside, CA 92504**

#

#

Sponsor _____ Main Contact _____

Address _____

Email _____ Phone # _____

Amount \$ _____ Check # _____

#

Note: Per IRS publication 526, if you receive a benefit as a result of making a contribution to a qualified organization, you can deduct only the amount of your contribution that exceeds the value of the benefit you received. You have the option to waive the benefits, in order to take the full amount as a deduction. The benefit value and net deduction amount will be listed on your tax receipt.

I would like to waive any associated sponsorship benefits – Initials _____