

Philanthropic Partner Program Commitment and Donation Form



Please print your company name as you want it to appear in donor recognition:

Company Name: _____ **Website:** _____

Annual Partner Levels – Two-Year Partnership

- Premier (\$25,000 year one + \$25,000 year two = \$50,000 total)
- Champion (\$10,000 year one + \$10,000 year two = \$20,000 total)
- Visionary (\$5,000 year one + \$5,000 year two = \$10,000 total)
- Supporter (\$2,500 year one + \$2,500 year two = \$5,000 total)

Contact Information

Primary Contact: _____ Secondary Contact: _____

Business Address: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Signature: _____

WE WOULD LIKE OUR PARTNERSHIP TO SUPPORT (please select one):

- Resident Care Fund - Low Income Seniors
- Transportation Plus
- Eskaton Kids Connection
- Adult Day Health Cares
- Therapeutic Music
- Where the need is greatest

Payment information: Please invoice me annually

Attached is my check, made payable to **Eskaton Foundation**.

Please bill my credit card \$ _____: Visa MasterCard AmEx 3-digit code: _____

Credit card number: _____ Exp date: _____

Name on card: _____ Signature _____

Contact me to schedule:

- Educational Presentation from Eskaton Foundation on Senior Issues
- Employee Engagement Volunteer Opportunities
- Host Networking Event
- Newsletter, Social Media or Outreach Opportunity

Please return this form and payment information to Eskaton Foundation. You may also email it to kim.rhinehelder@eskaton.org. Should you have any questions, please contact Kim Rhinehelder, CFRE, at **916-334-0810**.

THANK YOU. SENIORS MATTER!

