Please complete this card and return by October 21, 2017.

### Yes, I plan to attend the Harvest Celebration on Thursday, November 9, 2017.

I would like to support by contributing at the following level:

## Underwriter @ \$50,000

- Recognition as a Presenting Sponsor
- Preferred parking and seating at the Holiday Harvest Dinner/Celebration
- Opportunity to speak at the Holiday Harvest Celebration
- Table for 10 at the Holiday Harvest Celebration

### Community Champion @ \$25,000

- Preferred parking and seating at the Holiday Harvest Dinner/Celebration
- Recognition with other sponsors in the program, printed materials and website, along with verbal recognition at the Holiday Harvest Dinner/Celebration
- Table for 10 at the Holiday Harvest Celebration

# Community Partnership @ \$10,000

- Preferred parking and seating at the Holiday Harvest Dinner/Celebration
- Recognition with other sponsors in the program
- Table for 10 at the Holiday Harvest Celebration

#### Community Wellness @ \$5,000

- Preferred parking and seating at the Holiday Harvest Dinner/Celebration
- Recognition with other sponsors in the program
- Table for 10 at the Holiday Harvest Celebration

#### **Community Supporter**

- Preferred parking and seating at the Holiday Harvest Dinner/Celebration
- Recognition with other sponsors in the program
- Table for 10 at the Holiday Harvest Celebration

## Individual @ \$75

#### I am unable to attend.

Please accept my fully deductible donation of \$\_

Name	Enclosed is my check for \$
Organization/Company Name	Payable to:
organization/ company Name	Calvary Community Outreach Network
	Please Charge \$ to
Address	AMEX MasterCard VISA
	Account #
City	Exp. Date Security Code
	Name on Card
State Zip	
	Billing Address of Card
Phone	
Phone	Signature
	oignature
Email	
Mail to:	
Calvary Community Outreach Networ	
Calvary Community Outreach Networ 2940 Holmes Kansas City, MO 64109	
Federal Tax ID#43-1686109	
Thank You!	
CALVARY COMMUNITY OUTREACH NETWORK	