



**Kiwaniis**  
 CLUB OF CARMICHAEL  
 FOUNDATION

Agent: \_\_\_\_\_

Business: \_\_\_\_\_

20<sup>TH</sup> ANNUAL  
**TASTE of CARMICHAEL**

**Application/Agreement for Sponsors**

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Ph. (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPONSOR APPLICATION IS DUE MARCH 1, 2025**

Provide any Sponsor artwork with your application. We would like a sponsorship at the following level:

GOLD \$3,000     SILVER \$1,500     BRONZE \$750

*See separate sheet for description of each.*

**ONLINE PAYMENT:** [www.KiwaniisClubofCarmichael.com](http://www.KiwaniisClubofCarmichael.com)

**BY CHECK:** Payable to: Kiwaniis Club of Carmichael Foundation. POB 680, Carmichael, CA 95609

KIWANIS AGENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SPONSOR SIGNATURE \_\_\_\_\_ Phone: \_\_\_\_\_

TITLE: \_\_\_\_\_

Full payment is due with application. No refunds will be made for cancellation after April 11, 2025. Your cancelled check or bank statement is your receipt. Tax deductible 501 (c)(3) #68-0355524