

**Please RSVP BY June 30, 2018**

**I WOULD LIKE TO PURCHASE THE FOLLOWING HONORARY COMMITTEE TICKET(S):**

- \_\_\_\_\_ The Pierrier-Jouet Level **\$1,600**  
*\*6 tickets to Travers Wine Tasting*  
*\*3 hours of limousine transportation for 6 people (limo gratuity not included)*  
*\*Enhanced listing on invitation and in souvenir event journal*
- \_\_\_\_\_ The Opus One Level **\$700**  
*\*4 tickets to Travers Wine Tasting*  
*\*Enhanced listing on invitation and in souvenir event journal*
- \_\_\_\_\_ The Mondavi Level (couple) **\$325**  
*\*2 tickets to Travers Wine Tasting*
- \_\_\_\_\_ The Mondavi Level (individual) **\$175**  
*\*1 ticket to Travers Wine Tasting*

**I WOULD LIKE TO BECOME A SPONSOR AT THE FOLLOWING LEVEL:**

- \_\_\_\_\_ Pick Six **\$10,000**
- \_\_\_\_\_ Superfecta **\$5,000**
- \_\_\_\_\_ Exacta **\$2,500**
- \_\_\_\_\_ Daily Double **\$1,500**
- \_\_\_\_\_ Win/Place/Show **\$600**

**I WOULD LIKE TO SPONSOR THE FOLLOWING UNDERWRITING OPPORTUNITIES:**

- \_\_\_\_\_ Technology Sponsor **\$5,000**
- \_\_\_\_\_ VIP Lounge Sponsor **\$4,500**
- TAKEN** Auto Display Sponsor **\$3,000**
- \_\_\_\_\_ Champagne Greeting Sponsor **\$3,000**
- TAKEN** Band Sponsor **\$3,000**
- \_\_\_\_\_ Invitation Sponsor **\$1,500**
- \_\_\_\_\_ Valet Sponsor **\$1,500**
- \_\_\_\_\_ Photo Booth Sponsor **\$1,500**
- TAKEN** Wine Pull Sponsor **\$1,500**
- \_\_\_\_\_ Program Book Sponsor **\$1,500**



*For more information about sponsorship opportunities please visit [www.seniorservicesofalbany.com](http://www.seniorservicesofalbany.com) and click on the Travers Wine Tasting logo at the top right, or email [info@seniorservicesofalbany.com](mailto:info@seniorservicesofalbany.com)*

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Name(s) to be listed on all printed materials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

A check for \$ \_\_\_\_\_ is enclosed.

*Please make check payable to Senior Services of Albany*

MC     VISA     AMEX    Charge Amount \$: \_\_\_\_\_

Card Hold Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ C.I.D #: \_\_\_\_\_

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

*If different than mailing address above*

Authorized Signature: \_\_\_\_\_

**TO BE LISTED ON THE INVITATION, PLEASE RSVP BY JUNE 30TH  
TO BE LISTED IN THE PROGRAM BOOK, PLEASE RSVP BY AUGUST 10TH**

*Any inquiries please contact 518-465-3322 or email [info@seniorservicesofalbany.com](mailto:info@seniorservicesofalbany.com)*