

- I/We want to support** Asante Foundation and Children's Miracle Network Hospitals by being a sponsor of the Oregon Wine Experience at the following level:
- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> \$50,000+ | <input type="checkbox"/> \$15,000+ | <input type="checkbox"/> \$5,000+ |
| <input type="checkbox"/> \$25,000+ | <input type="checkbox"/> \$10,000+ | <input type="checkbox"/> \$2,500+ |
- I/We are unable to attend.** Accept my 100% tax-deductible donation to Asante Foundation in the amount of \$ _____ to be used as a gift to my area of interest at Asante: _____
- Accept my in-kind donation** in the amount of: \$ _____
Description: _____
- I/We are interested in volunteering.** Please send us more information.
- To join the party,** complete this form and return to 229 N. Bartlett St., Medford, OR 97501 or email the form to foundationinfo@asante.org.

Name _____ Company _____

Address _____ City, State, Zip _____

Phone (Mobile) _____ Phone (Business) _____

E-mail _____

Total cash amount: _____ Total in-kind amount: _____

Please e-mail your logo to desirae.myers@asante.org by July 1, 2021.

Payment Information:

- Visa Mastercard AmEx Discover Cash
 Check (Please make checks payable to: Asante Foundation/Oregon Wine Experience.)

If you prefer to provide your credit card information over the phone, call (541) 789-5025.

Name as it appears on card: _____

Card Number: _____ Exp. date: _____ Billing ZIP: _____

Signature: _____