

CAFÉ SHALOM 2025 SPONSORSHIP FORM

Yes, I would like to be a sponsor for Café Shalom!

Contact Name: _____

Street Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

SPONSORSHIP Select your Sponsorship Type:

Bake Shop \$2,000 or \$_____ (specify amount)

Food \$4,000 or \$_____ (specify amount)

Caterer \$3,000 or \$_____ (specify amount)

Liquor & Beverage \$2,000 or \$_____ (specify amount)

Entertainment \$1,000 or \$_____ (specify amount)

Advertisement \$2,000 or \$_____ (specify amount)

Decorations \$600 or \$_____ (specify amount)

Other \$_____ (specify amount)

Printing (tickets, etc) \$500 or \$_____ (specify amount)

PAYMENT Select payment method:

My payment by check or cash is enclosed.

Payment no later than May 4, 2025

Please charge my credit card (or call the Office)

Card Number: _____ Exp: _____

Cardholder name _____ Code _____

Mail to: Congregation Beth Shalom P.O. Box 85 Modesto, CA 95353

(Please include this form with your payment)