

CAFÉ SHALOM 2026 SPONSORSHIP FORM

Your sponsorship will directly offset the costs associated with putting on this event, allowing us to provide better resources, reach more attendees, enhance the venue, and much more.

Contact Name: _____

Street Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

SPONSORSHIP

WE HAVE LISTED THE ESTIMATED COST OF THE BELOW ITEMS: Any amount that you decide to donate would be greatly appreciated.

() 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 \$2,500 or \$ _____ (specify amount)

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

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

() Security: Guards/MPD \$1500 or \$ _____ (specify amount)

() Printing (tickets, etc) \$800 or \$ _____ (specify amount)

() Other \$ _____ (specify amount)

PAYMENT Select payment method:

() My payment by check or cash is enclosed.

Payment no later than May 2, 2026

() 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)

For questions or more information please contact our event sponsorship chair Myrna Wachs at nanarufi@me.com / 209-996-0858