

FIELD OF DREAMS II

*If we build it,
they will come!*



A BENEFIT FOR KIDS CHANCE OF WASHINGTON

THURSDAY, NOVEMBER 8, 2018

5:30—8:00 PM

FIRST BASE TERRACE CLUB



MAKE A GREATER DIFFERENCE!

EVENT SPONSORSHIP

PLATINUM — \$2500

BENEFITS INCLUDE:
TABLE WITH 10 SEATS
BUSINESS LOGO ON TABLE | LOGO IN PROGRAM
LOGO DISPLAYED AT EVENT

GOLD — \$1500

BENEFITS INCLUDE:
5 RESERVATIONS
BUSINESS LOGO ON TABLE | LOGO IN PROGRAM

SILVER — \$1000

BENEFITS INCLUDE:
2 RESERVATIONS
BUSINESS LOGO ON TABLE | LOGO IN PROGRAM

TABLE CAPTAINS—\$750

BENEFITS INCLUDE:
TABLE WITH 10 SEATS

SILENT AUCTION DONATION ITEMS

PARKING SPONSOR FOR ENTIRE GUEST LIST—\$750

BENEFITS INCLUDE:
BUSINESS LOGO ON TABLE | LOGO IN PROGRAM



Kids' Chance of Washington is a non-profit charitable organization whose mission is to provide educational scholarships to children and spouses of Washington Workers permanently or fatally injured in a workplace accident.

Scholarships are funded through donations from business and labor organizations, individuals, employers, and others.

Kids' Chance of Washington has helped hundreds of children and spouses follow their educational dreams. Join us in giving these families a brighter future.

www.kidschancewa.org

SPONSORSHIP RESERVATION

CONTACT NAME: _____

COMPANY / ORGANIZATION: _____

EMAIL: _____

PHONE: _____

SPONSORSHIP LEVEL: _____

CHECK ENCLOSED OR CHARGE MY CREDIT CARD:

VISA / MC / AMX _____

NAME ON CARD: _____

EXP DATE: _____ CCV: _____ ZIP CODE: _____

MAKE CHECKS PAYABLE EITHER TO WSIA OR KIDS CHANCE OF WA
RETURN FORM TO WSIA, 828 7TH AVE SE, OLYMPIA, WA 98501 OR BY
E-MAIL TO KARI.HEINOLD@WSIASSN.ORG

FIELD OF DREAMS II

A BENEFIT FOR KIDS CHANCE OF WASHINGTON

GUEST 1: YOURSELF, ENTER YOUR INFO ON FRONT

GUEST 2:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 3:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 4:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 5:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 6:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 7:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 8:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 9:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GUEST 10:

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Thank You for Your Sponsorship