



Escapades Dinner & Auction

Saturday, February 29, 2020

Lindbloom Student Center at Green River College, Auburn, Washington
Silent auctions open at 5:00 pm | Dinner at 7:00pm
No-host cash bar (bring ID) | Free Parking | More info @ kentrotary.com

Sponsor Reservation Form

- Presenting Sponsor for \$7,500 (8 seats)
- Corporate Sponsor for \$1,500 (8 seats)
- Table Patron Sponsor for \$800 (8 seats)
- Auction Sponsor for \$2,500 (8 seats)
- Raffle Sponsor for \$2,500 (4 seats)
- Friend of Rotary for \$250 (2 seats)

Company Name _____

Contact Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ email _____

Rotarian Contact _____

Payment

- Check(s) enclosed, made payable to "The Rotary Club of Kent Foundation"
- Charge VISA/Mastercard Account \$_____. Name on Card _____

Card # _____ Exp. ____/____ CVC# _____ Zip _____ Signature _____

Complete guest / bidder information on the reverse side of this form.

- I will only use ____ of my 4 or 8 tickets. Please donate the remainder to the Club.

Please return this form to: Jenny Allyn – Kent Rotary Club –or– scan/email to JennyAllyn@msn.com
P.O. Box 1432
Kent, WA 98035

Kent Rotary Escapades Dinner & Auction • Reservation Form

Group Name _____ Contact Name _____

Name 1 _____ beef salmon vegetarian

Name 2 _____ beef salmon vegetarian

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ email _____

Charge to VISA/MC on front **OR** Charge to: Name on Card _____

Card # _____ Exp. ___/___ CVC# ___ Zip _____ Signature _____

Name 3 _____ beef salmon vegetarian

Name 4 _____ beef salmon vegetarian

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ email _____

Charge to VISA/MC on front **OR** Charge to: Name on Card _____

Card # _____ Exp. ___/___ CVC# ___ Zip _____ Signature _____

Name 5 _____ beef salmon vegetarian

Name 6 _____ beef salmon vegetarian

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ email _____

Charge to VISA/MC on front **OR** Charge to: Name on Card _____

Card # _____ Exp. ___/___ CVC# ___ Zip _____ Signature _____

Name 7 _____ beef salmon vegetarian

Name 8 _____ beef salmon vegetarian

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ email _____

Charge to VISA/MC on front **OR** Charge to: Name on Card _____

Card # _____ Exp. ___/___ CVC# ___ Zip _____ Signature _____