

Fifty and Better Health Fair

Wednesday, October 20 8:00am – 3:00pm

<input type="checkbox"/> Better Health \$7,500 Sponsor	<ul style="list-style-type: none"> ■ 1 Vendor Table – Premier Location ■ PE with Premier Logo ■ Pacesetter Magazine Thank you ad 	<ul style="list-style-type: none"> ■ Tent/Banner signage (where applicable) ■ On stage recognition ■ JGF & RMCF website recognition ■ ½ Pg Pacesetter ad (Oct., Nov., Dec.)
<input type="checkbox"/> Living Right \$5,000 Sponsor	<ul style="list-style-type: none"> ■ 1 Vendor Table – Premier Location ■ PE with Premier Logo ■ Pacesetter Magazine Thank you ad 	<ul style="list-style-type: none"> ■ Tent/Banner signage (where applicable) ■ On stage recognition ■ JGF & RMCF website recognition ■ ½ Pg Pacesetter ad (Oct., Nov., Dec.)
<input type="checkbox"/> Total Wellness \$2,500 Sponsor	<ul style="list-style-type: none"> ■ 1 Vendor Table ■ PE acknowledgement with Logo ■ Pacesetter Magazine Thank you ad 	<ul style="list-style-type: none"> ■ On stage recognition ■ JGF & RMCF website recognition ■ ¼ pg Pacesetter ad (Oct., Nov., Dec.)
<input type="checkbox"/> Fifty & Fit \$1,500 Sponsor	<ul style="list-style-type: none"> ■ 1 Vendor Table ■ PE acknowledgement with Logo ■ Pacesetter Magazine Thank you ad 	<ul style="list-style-type: none"> ■ On stage recognition ■ JGF & RMCF website recognition
<input type="checkbox"/> Non-Profit Vendor Table \$150.00	<ul style="list-style-type: none"> ■ 1 Vendor Table _____ Please check here if you need electrical <p>(Please arrive early to secure your table spot. Organizations will be able to pick their table location based on a first come, first serve basis)</p>	

I am unable to attend, but would like to make a donation of \$ _____.

For underwriting or in-kind opportunities please call the Janet Goeske Foundation or Riverside Medical Clinic Foundation.

Individual/Company Name: _____ Contact Name: _____

Address: _____ Email: _____

City: _____ Zip: _____ Phone: _____

Check enclosed (payable to Janet Goeske Foundation)

Please bill me



Credit Card #: _____ Security Code: _____ Exp. Date: _____

Signature: _____

If you have any questions please contact:

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Your donation is tax deductible to the extent allowed by law.