

CITY OF WEST COVINA 2024 SENIOR CENTER SPONSORSHIP

Thank you for committing to sponsor and partner with the City of West Covina Senior Center. Please submit this form and payment to the Senior Center, 2501 E Cortez St., West Covina, CA 91791, attention Vanessa Ibanez. Payments by check can be made out to the "City of West Covina Community Services Foundation". If you wish to pay with a credit card, please fill out the form below or call (626) 939-8769 to make a payment over the phone. Upon receiving your pledge form, a confirmation letter providing detailed information regarding your sponsorship benefits will be sent. Thank you for supporting our Senior Center community programs.

Business Name:			
Authorized Representativ	e:		
Signature:			
Address:			
Phone Number:	Email:		
CREDIT CARD PAYMENT IN Amount Authorized to Deduct			
Card #:			METHOD OF PAYMENT:
Name as it appears on card:			
Authorized Signature: Cash			□ Cash
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SPONSOR PACKAGES (Please check one):			□ Check
□ \$150 Table Package	□ \$300 Special Eve	· ·	
Staff Use Only:			
Date Payment Received:	Rec	eived By:	
Check # Cash Amo	ount Credit Car	d Amount	_