



Escapades Dinner & Auction

Saturday, April 16, 2022

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)
- Gold Sponsor for \$3,000 (8 seats)
- Bronze Sponsor for \$1,000 (8 seats)
- Auction Sponsor for \$5,000 (8 seats)
- Silver Sponsor for \$2,000 (8 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 8 or 2 tickets. Please donate the remainder to the Club.

Please return this form to: Jenny Allyn
 Kent Rotary Club
 P.O. Box 1432
 Kent, WA 98035

—or— scan/email to:
 JennyAllyn@msn.com

Escapades Dinner & Auction • Reservation Form – Group: _____ Contact: _____

Name 1 _____ beef chicken cod vegetarian

Name 2 _____ beef chicken cod 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 chicken cod vegetarian

Name 4 _____ beef chicken cod 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 chicken cod vegetarian

Name 6 _____ beef chicken cod 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 chicken cod vegetarian

Name 8 _____ beef chicken cod 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 _____