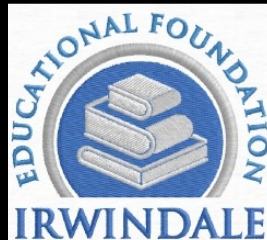


Irwindale Educational Foundation 11th Annual Barbecue Fundraiser



PRESENTED by:



Date:

Friday, July 16, 2010

Location:

MillerCoors

15801 E. First Street, Irwindale, CA 91706

Ticket Price:

\$100 (admits 2 people)

6:00 pm

No Host Reception

7:00 pm

Dinner provided by Picasso's
Café, Bakery and Catering

*The Official Caterer of the Irwindale
Educational Foundation Barbecue*



GRAND PRIZE

\$3000 in cash

2nd Prize: \$500 cash

3rd & 4th Prize: \$250 cash

Only 250 tickets will be sold!

Since 2002
this event has
made it possible
to award over
**\$250,000 in
scholarships**

My Company wants to be a sponsor:

- DOCTORATE SPONSOR** (\$5000 or more, cash contribution—includes 8 tickets for 16 guests, 3ft x 8ft company banner display* at fundraiser, free flyer insert in Chamber's newsletter following fundraiser, company logo featured in event program, PLUS live recognition at annual event)
- MASTER SPONSOR** (\$2500 cash contribution—includes 3 tickets for 6 guests, 3ft x 8ft company banner display* at fundraiser, free flyer insert in Chamber's newsletter following fundraiser, company logo featured in event program, PLUS live recognition at annual event)
- BACHELOR SPONSOR** (\$1000 cash contribution—includes 2 tickets for 4 guests, plus 3ft x 8ft company banner display* at annual event)
- ASSOCIATE SPONSOR** (\$1000 plus! in total value. (Any combination of ticket purchases, in kind donations and/or raffle contributions))
- SCHOLAR SPONSOR** (\$500 CASH! Goes directly toward a scholarship award)
- We are interested in donating to your live auction/raffle!

Mail form and payment to:



Irwindale Educational Foundation
P.O. Box 2307
Irwindale, CA 91706

Phone: 626-960-6606
Fax: 626-960-3868

The Irwindale Educational Foundation is a 501-C3 non-profit organization. Our tax identification # is 95-4274826.

Name or Name of Company _____

Address _____

Phone / Fax _____

Email _____

Please mail our tickets.

We will pick them up at the Chamber of Commerce.

Payment Information

Enclosed is our check in the amount of \$ _____

Charge my American Express / MasterCard / Visa

Print Name _____ Signature _____

Card Number _____ Expiration Date _____ Amount _____

We are interested in donating to the Foundation. Please charge an additional _____ to our credit card.

*Banner to be provided by Company