

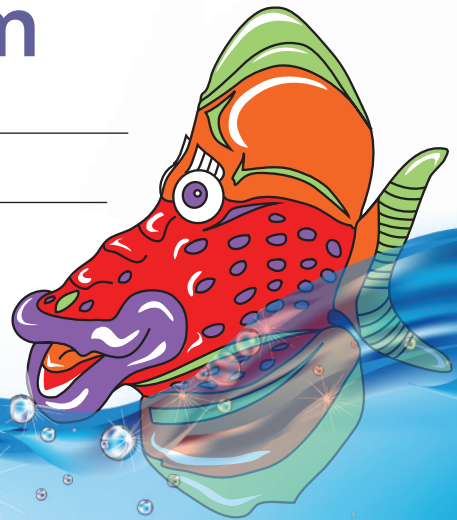
Annual

# Sailathon

## Pledge Form

Skipper's Name: \_\_\_\_\_

Vessel (if known): \_\_\_\_\_



### PAYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I'd like to sponsor a senior:

Sponsor a senior for one year - \$750

Bill me quarterly @ \$ \_\_\_\_\_

Bill me monthly @ \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**GRAND TOTAL: \$** \_\_\_\_\_

Check enclosed, payable to **CAREGIVERS**  
— OR —

VISA  Mastercard  Discover  AMEX

Billing address if different from above:

\_\_\_\_\_

\_\_\_\_\_

Card # \_\_\_\_\_ exp. \_\_\_\_\_

Signature: \_\_\_\_\_

### PLEDGE PER LAPS

# Laps: \_\_\_\_\_

Donation  
per Lap: \_\_\_\_\_

Total lap donation  
not to exceed:\*

\* The more you donate, the greater the opportunity your captain has to win the coveted "Ca\$h Me If You Can" Award.

Please email completed form to:  
[administrativeassistant@vccaregivers.org](mailto:administrativeassistant@vccaregivers.org)

#### FOR OFFICE USE ONLY SPONSORSHIP LEVEL AND CHECKLIST

Total lap donation: \_\_\_\_\_

Additional donation: \_\_\_\_\_

Payment received: \_\_\_\_\_

Skipper notified: \_\_\_\_\_

Acknowledgment sent: \_\_\_\_\_

GRAND TOTAL ENCLOSED: \$ \_\_\_\_\_



1765 Goodyear Ave., Ste. 205, Ventura, CA 93003

For information, call (805) 658-8530.

[www.vccaregivers.org](http://www.vccaregivers.org) • Tax ID 77-0081692