



WINTER JAZZ SOIREE



FEATURING MICHAEL WARD
& KYLE TURNER
SATURDAY, DECEMBER 4, 2021
7:30 P.M. - 10:00 P.M.
VIA CENTER (MIDTOWN)

ABOUT THE EVENT: We're bringing world class jazz to Mobile! This 350-400 person event includes live music, libations, tapas, a local artist exhibit and the chance to win a weekend get-a-way package to NOLA. Benefitting the Via Health, Fitness & Enrichment Center: a community Center providing health, fitness and enrichment for active, older adults and outreach services for Seniors and their families

SUPPORTING SPONSOR

- ◆ Reserved table for 8 - front stage
- ◆ Arm bands for unlimited libations for table guests
- ◆ 8 tickets for NOLA Get-a-Way
- ◆ Logo on posters - 400 distribution
- ◆ Acknowledgment in event program - 200 printed
- ◆ Recognition in e-newsletter (5,000+ distribution)/quarterly newsletter - 1,200 distribution
- ◆ Monthly SM Posts: FB and IG
- ◆ Website hyperlink: 6,000 hits per month
- ◆ Listing print ad: Lagniappe
- ◆ Call out during radio spot
- ◆ Evening signage

\$1,000

TABLE SPONSOR

- ◆ Reserved Table for 8 - front stage
- ◆ 20 libations tickets
- ◆ 4 tickets for NOLA Get-a-Way
- ◆ Acknowledgment in event program - 200 printed
- ◆ Recognition in e-newsletter (5,000+ distribution)/quarterly newsletter - 1,200 distribution
- ◆ Monthly SM Posts: FB and IG
- ◆ Website hyperlink: 6,000 hits per month
- ◆ Evening signage

\$500

INDIVIDUAL TICKETS

\$45 in advance

\$50 at door

Include 2 free libations tickets

INFORMATION:

BARBARA ESTES

251.470.5229

BESTES@VIAMOBILE.ORG



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Please retain a copy of this form for your tax records. Senior Citizens Services, Inc. (dba as Via Health, Fitness and Enrichment Center) is a recognized 501(c)(3) non-profit organization. All contributions are tax deductible to the fullest extent of the law. The SCS tax id number is 63-0590039.

SPONSOR AGREEMENT

Sponsor's Name/Business _____

Sponsor Level _____ Or number of tickets _____

Address _____

Contact Name _____

Contact Phone Number/E-mail _____

Website for hyperlink/logo : _____

Check Enclosed

Please Invoice

Pay by Credit Card

Please circle one: Visa MasterCard American Express Discover

Name on card _____

Number on card _____

CCV Code _____ Expiration Date _____

Completed forms can be returned to:

Via Health, Fitness & Enrichment Center
c/o Barbara Estes
1717 Dauphin Street, Mobile, AL 36604
Fax: 470-5233
E-Mail: bestes@viamobile.org

For more information, contact Barbara Estes at 470-5229.