

# Cenemos Juntos – Dining Together

DECEMBER 16, 2018 2:00pm-6:00pm

Location:

**Broad Rock Elementary School**

4615 Ferguson Ln, Richmond, VA 23234



## Suggested Donations

This event is created to provide a dinner and Christmas gifts to those most needed children and families of the city of Richmond Virginia and surrounding jurisdictions. Since 2012 we have been dedicated to feed thousands of families and provided them with gifts.

Rice\_\_ trays,  Beans\_\_ trays,  Beef\_\_ trays,  Chicken\_\_ trays,  Carnitas\_\_ trays.

Bikes  Boys \_\_\_\_\_ Age \_\_\_\_\_

Girls \_\_\_\_\_ Age \_\_\_\_\_  Toys \_\_\_\_\_  Gift Cards \$ \_\_\_\_\_

Other, explain: \_\_\_\_\_

## Sponsorship Package Options

**PLATIUM: \$100 - \$400**

Donors	\$100	\$200	\$300	\$400
Exhibitor table at the event, company recognition on stage				<b>X</b>
Company logo on all promotional materials			<b>X</b>	<b>X</b>
Link of company logo from <a href="http://www.hasavirginia.org">www.hasavirginia.org</a> to your website <b>for 1 year.</b>		<b>X</b>	<b>X</b>	<b>X</b>
Opportunity to participate with your own float at HASA Parade	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

Yes, I like to become a donor of Cenemos Juntos

Please select from the following options

\$400.00    \$300.00    \$200.00    \$100.00

Exhibitors must provide its own tables. H.A.S.A. will provide two chairs. Tables can be available to rent for \$10.00 as needed.

I agree to pay for \_\_\_ additional table(s) \$\_\_\_  I will provide with my own table(s)

**Methods of Payments:**

Check or Money Order # \_\_\_\_\_  Cash  PayPal Amount Paid: \_\_\_\_\_

\_\_\_ We need a HASA member to pick up my donated items.

\_\_\_ I will deliver my donations to 4615 Ferguson Ln, Richmond, VA 23234 on the day of the event.

**Please make check payable to HASA and mail it to:**

P.O. Box 74755 North Chesterfield, VA 23236

**Sponsorship Agreement**

I \_\_\_\_\_ Owner/Manager hereby certify and agree to the terms and conditions of the sponsorship package. I also agree that \_\_\_\_\_ is an official sponsor of HASA and all items donated are tax deductible according to the 501 (C)-(3) under section 170 and will be used only for that purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By Submitting this application on line you are authorizing your signature to be valid in this document.

**Contact Information**

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

Contact Person: \_\_\_\_\_

Authorized person(s) to make payments \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other \_\_\_\_\_ Fax \_\_\_\_\_

Date: \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

**For more information please contact:  
Maria Hernandez at (855) 442-HASA 4272 Ext 2  
by email: [Info@hasavirginia.org](mailto:Info@hasavirginia.org)**

**HASA is a Non-profit organization under section 501 (c) (3) of the Internal Revenue Code.  
For more information refer to:  
EIN # 45-3828336  
DLN # 17053132330032  
Public Charity Status 170 (b) (1) (A) (vi)**

**Hispanic American School for Advancement P.O. Box 74755 North Chesterfield, VA 23236**