



Jay Community Recreational Centre

1036 VT Route 242 • Jay, Vermont 05859
jaycommunityrecreationalcentre@gmail.com
www.jaycommunityrecreationalcentre.org

Sally Rivard, Chair
802.318.1206
Denise M. Rossignol, Co-Chair
802.988.2622 • 516.901.1857

9th Annual JCRC Oktoberfest • September 7, 2024 • 10:00 am – 3:00 pm





Regardless of size, all sponsorship will be appropriately recognized!

All Donations are Tax Deductible

YES, I/We _____ (please insert your/corporation's name) would like to sponsor the JCRC's 9th Annual Oktoberfest Fundraising Event on Saturday, September 7, 2024. Enclosed is my/our sponsorship of \$ _____. Please mail your payment with this form to the Jay Community Recreational Centre as noted above. (All checks are to be made payable to the JAY COMMUNITY RECREATIONAL CENTRE-LAND TRUST)

2024 JCRC's 9 th ANNUAL OKTOBERFEST FUNDRAISING EVENT SPONSORSHIP AMOUNT		
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> Other \$ _____
I/WE WISH TO MAKE AN "IN-KIND" DONATION OF A GIFT CERTIFICATE OR AN ITEM for the SILENT AUCTION HELD DURING OKTOBERFEST		
<input type="checkbox"/> A Gift Certificate in the amount of \$ _____	<input type="checkbox"/> Product Donation (please describe below)	
	Value: \$ _____	

Donations can be made via PayPal at www.jaycommunityrecreationalcentre.com located under "Sponsor our Events"
Please complete the appropriate information below AND RETURN THIS TO US
NO LATER THAN AUGUST 1, 2024, TO BE INCLUDED ON SPONSORSHIP BANNER

Credit Card Type: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	Must be in U.S. funds, drawn on a U.S. bank. <input type="checkbox"/> Check Amount: (USD) \$ _____ Check Nr. _____
Credit Card Number: _____	Expiration Date: ____/____/____ CCV# _____
Name As It Appears on Card: _____	
Authorized Signature: _____	
COMPANY/NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
TELEPHONE: _____	FAX: _____ EMAIL: _____
BY: (Please Print Name) _____	TITLE: _____

Contacts: Sally Rivard — 802.318.1206 Denise M. Rossignol — 802.988.2622 or 516.901.1857
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Checks payable to: Jay Community Recreational Centre-Land Trust

The Jay Focus Group is a non-profit charitable organization under Section 501(c)(3) and is a co-sponsor of this event.