

## Support for Women With Gynecologic Cancer

We all have special women in our lives who deserve to be celebrated. Come join C.A.R.E. and help us celebrate some of the strongest and most courageous women we know. They are survivors of gynecologic cancer. September is Ovarian Cancer Awareness month and we will be having our 6th Annual Picnic Celebrating Survivorship on September 23, 2023 at Nyami River Lodge at the Brevard Zoo.

With all the things that have changed in this world one thing that has not changed is our ongoing commitment to support women with gynecologic cancer and their families. Becoming a sponsor of the 6th Annual Picnic Celebrating Survivorship is a wonderful opportunity to show your support for these women and their families.

As an organization working to support women with gynecologic cancer, we know the facts all too well. Ovarian cancer is the 11th most-common cancer among women and the 5th leading cause of cancer-related deaths. The majority of women are not diagnosed until the cancer is in a late stage. Only 46% of these women will live beyond 5 years. We need your help to turn this around.

Please join us and be part of something incredibly special. Become a sponsor and find the greatest reward in knowing you are helping to make a difference.

Kind regards,

Alice Spinelli, APRN Board President www.carebrevard.org





# 6th ANNUAL PICNIC CELEBRATING SURVIVORSHIP Nyami River Lodge,Brevard Zoo September 23, 2023

Support for Women With Gynecologic Cancer

## **SPONSORSHIP OPPORTUNITIES**

## GOLD SPONSOR

### \$750

Gold sponsors will receive 4 tickets to 6th Annual Picnic Celebrating Survivorship, signage at the event, recognition on C.A.R.E. website as an event sponsor and in the program distributed to all attendees.

### SILVER SPONSOR

#### \$500

Silver sponsors will receive 2 tickets to the 6th Annual Picnic Celebrating Survivorship, signage at the event and recognition in the program distributed to all attendees.

#### **BRONZE SPONSOR**

#### \$250

Bronze sponsors will be included in all signage at the event and receive recognition in the program distributed to attendees.

C.A.R.E. Tax ID Number:	46-3312427		
Please make checks payable to: C.A.R.E.			
Mailing Address:	P.O. Box 360032 Melbourne, FL 32936-0032		
Contact Person:	Alice Robbins-Fox, Survivor C.A.R.E. Trustee Tel: (321) 676-3805 www.carebrevard.org		

C.A.R.E. (Cancer Advocacy Resources, Education, Inc.) has complied with the registration requirements of Chapter 496.405 Florida Statutes, the Solicitation of Contributions Act. Registration No. CH52167.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



# 6th ANNUAL PICNIC CELEBRATING SURVIVORSHIP Nyami River Lodge, Brevard Zoo September 23, 2023

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## SPONSOR SELECTION SHEET

Business name	
Address	
Phone	
Contact person	

**S**ponsorship level (check one)

- \_\_\_ Gold \$750
- \_\_\_\_ Silver \$500
- \_\_\_\_ Bronze \$250
- \_\_\_\_ Name displayed in program \_\_
- \_\_\_\_ Prefer not to be recognized
- \_\_\_\_ Additional Tickets @ \$20 per person
- Please mail tickets to above address
- \_\_\_\_ Or donate tickets to survivor and/or their family
- \_\_\_ Any donation amount appreciated

Mailing address: C.A.R.E. P.O. Box 360032 Melbourne, FL 32936-0032

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification ► Go to www.irs.gov/FormW9 for instructions and the latest information.						Give Form to the requester. Do not -send to the IRS.	
	1 Name (as shown	on your income	tax return). Name is re	quired on this line; do	not leave this line blank	۲.			
	CANCER ADVO	DCACY RES	OURCES EDUCA	TION, INC					
	2 Business name/c	lisregarded entit	y name, if different from	n above					
	C.A.R.E.			а. 					
on page 3.	<ul> <li>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</li> <li>Individual/sole proprietor or</li> <li>C Corporation</li> <li>S Corporation</li> <li>Partnership</li> <li>Trust/estate</li> </ul>						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
be.	single-membe	e-member LLC					vee code (if any)		
Cti t	Limited liability	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►						,	
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					Exemption from FATCA reporting code (if any)			
ec.	✓ Other (see inst	( Other (and instructions) b					(Applies to accounts maintained outside the U.S.)		
	5 Address (number	, street, and apt	. or suite no.) See instru	uctions.		Requester's name and address (optional)			
See	5880 RIVERSID	5880 RIVERSIDE DRIVE							
	6 City, state, and Z	P code		9					
	MELBOURNE B	CH. FL 329	51						
	7 List account numb								
	•								
Par	tl Taxpay	er Identific	ation Number	(TIN)					
reside	your TIN in the app p withholding. For nt alien, sole propr s, it is your employ	propriate box. individuals, th ietor, or disred	The TIN provided mu is is generally your s garded entity, see th on number (EIN). If yo	ust match the name ocial security numb e instructions for Pa	er (SSN). However, t rt Llater, For other	for a	urity numb	er	
Note:	If the account is in	more than on	e name, see the inst	ructions for line 1. A	lso see What Name		dentificatio	on number	

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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

# Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

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Sign Here	Signature of U.S. person ►	B- P4	L/- Bri	ian P Fox, Tr	easurer	Date ►	07 Jul, 2023

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

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- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.