



Dear Community Supporter:

It is time for Taste of Orange 2017! The Orange Blossoms Auxiliary, an Auxiliary of Assistance League® of Orange is requesting your help with our service to the community. We are an all volunteer, nonprofit organization of young women who raise funds to help those in need in our Orange community. A few of our philanthropic programs include:

- ❖ **Project G.I.R.L.** – helping high-risk and underserved girls in Orange by providing programs that promote healthy **growth**, offer **inspiration**, teach **self-respect**, and encourage **literacy**
- ❖ **Building K.I.D.S.** – targets high-risk and underserved children with a focus to promote the importance of **knowledge-based programming**, help define a strong sense of personal identity, encourage the **development of physical and social activity** and aid in the process of growing into **self-reliant individuals**
- ❖ **Operation School Bell®** – providing new clothing, backpacks with essentials and books, shoe vouchers and grooming/hygiene kits to elementary schoolchildren in need
- ❖ **Ronald McDonald House** – serving meals to families who stay at the Ronald McDonald House while their children are seeking treatment at CHOC
- ❖ **Storytelling & Literacy Project** – a unique storytelling event promoting literacy at the Orange Library where each child to participate receives a new book to keep

The Orange Blossoms Auxiliary's philanthropic programs are fully funded by our fundraising activities. **Thus, please consider being a sponsor of our annual fundraising event, "Taste of Orange,"** which will be held at the Assistance League Chapter House, located at 124 South Orange Street in downtown Orange on **Sunday, May 7, 2017, from 3-7 pm.**

- ❖ As a sponsor of our event, we ask that you donate **food and/or alcohol samples for 600 people** as well as provide a minimum of **two servers to be present at the event.** You are also welcome to bring a banner to personalize your booth and any marketing materials or coupons you would like to distribute. There is **NO** monetary fee to participate in the event.

The **11th annual "Taste of Orange"** will feature live music, a silent auction, tasting of food, beer, and wine provided by top local restaurants, breweries and wineries. With your participation, as one of our vendors our event will be a great success and your generosity will be prominently acknowledged in all our marketing materials.

Realizing that you must receive numerous requests for contributions, we want to thank you for taking time to consider helping the Orange Blossoms Auxiliary. It is only through the support of the community that we can make a difference in the lives of others.

**We are a 501 (c)(3) corporation. Our non-profit tax ID number is 95-6101256.**

Sincerely yours,

*Crystal Hammer*

Crystal Hammer

VP Resource Development

Orange Blossoms Auxiliary, Assistance League of Orange



**Taste of Orange  
Sunday, May 7, 2017  
Participating Restaurant/Alcohol Vendor Confirmation**

**Vendors will get booth preference based on order of receiving completed forms**

Name of Vendor: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

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

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

Number of servers you will be able to provide (minimum of 2): \_\_\_\_\_

Will you be bringing your own tent? If so, what size? \_\_\_\_\_

Menu items you will be providing (please provide samples for 600 guests): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Again this year, we will be offering a VIP Card to attendees to encourage them to visit your business after the event. Similar to a coupon, this VIP Card will allow the holder a specific discount as defined by you. Are you interested in participating in our VIP Card Program?

If Yes, what coupon offer would you like to designate: \_\_\_\_\_

\_\_\_\_\_

I cannot attend, but would like to donate the following item or amount: \_\_\_\_\_

\_\_\_\_\_

Special Requests (If you request electrical, we need to know exactly how many amps you need):

\_\_\_\_\_

\_\_\_\_\_

On the day of the event, set up begins at 1:00pm and **must be complete by 2:00pm.**  
Feel free to bring menus, business cards or other promotional materials to distribute!

For questions, please contact Wendi Forrest at [WendiAForrest@yahoo.com](mailto:WendiAForrest@yahoo.com)  
or by mobile phone at (310) 709-4037.

Assistance League® of Orange • 124 South Orange Street • Orange, CA 92866  
Phone: 714-532-5800 • FAX: 714-532-5805 • [www.OrangeBlossomsALO.org](http://www.OrangeBlossomsALO.org)



## Assistance League<sup>®</sup> of Orange

124 S. Orange Street, ORANGE, CALIFORNIA, 92866

Phone: 714-532-5800 FAX: 714-532-5805

Chapter Website: [www.alorange.org](http://www.alorange.org)

### PRIVACY POLICY

- ❖ Donor names and other personal information are not shared, unless by law and donor shall be disclosed this information, or sold to any outside organizations and donors shall be disclosed this information.
- ❖ Donor restricted information is shared within chapter by members who require such information, and only after they are advised that such information is to be held private.
- ❖ Donor restrictions apply to this contribution for the duration of the contribution.
- ❖ Assistance League will comply with restrictions as detailed in this document.
- ❖ Assistance League may publicly acknowledge donors in publications viewed by the public, if you wish to restrict the use of your name and/or information about this contribution, please fill out and sign this form and return a copy to Assistance League.
- ❖ Assistance League shall send to the donor, a contemporaneous acknowledgment of a contribution that shall contain pertinent Donor privacy contribution information.
  - Assistance League of Orange has a Donor Privacy Policy in place.

**ASSISTANCE LEAGUE of Orange** may wish to publish the names and/or amounts of your donation in such publications as programs, newspapers, website, brochures, fact sheets, and videos. If you do not wish to have your name/or amount published, please check the corresponding box provided below:

- \* \_\_\_\_\_ You may include only my name.
- \* \_\_\_\_\_ You may include my name and donation amount.
- \* \_\_\_\_\_ Do not include any of my information as I wish the donation to be anonymous.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Indicate if you oppose any of the above publications.

**ATTACHMENT I**

**DECLARATION  
OF FOR-PROFIT ENTITY**

This declaration is to affirm that \_\_\_\_\_  
(Name of for-profit entity)

is requesting exemption from State Law requirements for Temporary Food Facilities under provisions of Section 113785(b)(1) of the California Uniform Retail Food Facilities Law, and will be giving or selling food at:

**TASTE OF ORANGE**

\_\_\_\_\_  
(Name of Occasional Event)

**124 S. Orange Street**

\_\_\_\_\_  
(Address or Location)

**Orange, 92866**

\_\_\_\_\_  
(City, Zip)

Date(s) of Event **May 7, 2017**

For the benefit of **Orange Blossoms an auxiliary of Assistance League of Orange**  
\_\_\_\_\_  
(Name of Sponsoring Nonprofit Association)

I certify that the above is true and correct to the best of my knowledge and belief. I further certify under penalty of perjury that the above named for-profit entity **will receive no monetary benefit**, other than that resulting from recognition for participating in the event.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

CA Drivers Lic. # \_\_\_\_\_ Date of birth \_\_\_\_\_

Signed **X** \_\_\_\_\_ Title \_\_\_\_\_

on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

WITNESS my hand and official seal\*

\_\_\_\_\_  
Notary Public

You must include include a copy of your driver's license and sign at the above X