

SPONSORSHIP FORM

Name/Organization _____

As you would like to be publicly recognized (for sponsors only)

Contact Person _____

If different from above

Street Address _____

City, ST Zip _____

E-mail _____ Phone _____

I/We are pleased to support the 2022 Gala with the following gift:

SPONSORSHIPS

- \$20,000 Sponsor** (20 tickets)
- \$10,000 Sponsor** (10 tickets)
- \$5,000 Sponsor** (8 tickets)
- \$2,500 Sponsor** (4 tickets)
- \$1,000 Sponsor** (2 tickets)

DONATION

- I/We cannot attend**, but would like to make a donation of \$ _____

PAYMENT Visa Mastercard Check payable to "Schurig Center" Please invoice me in March 2022

Credit Card # _____

Name on Card _____ Total Amount \$ _____

Exp Date _____ 3 Digit Security Code _____ Signature _____

Please mail or email this form to:

Schurig Center for Brain Injury Recovery
1132 Magnolia Avenue, Larkspur, CA 94939
angela@schurigcenter.org

Schurig Center for Brain Injury Recovery
is a 501(c)(3) organization #68-0105213.

Your contribution, excluding \$40 per
guest ticket used, is tax deductible.

Questions?

Angela Abbey, Development Manager
(415) 461-6771 ext 103 | angela@schurigcenter.org

Thank You