

SPONSOR RESERVATION FORM

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

- Presenting Sponsor** **\$20,000** *includes two tables for 8 guests (16 tickets)*
- Changing Lives Sponsor** **\$10,000** *includes a table for 8 guests*
- Building Community Sponsor** **\$5,000** *includes a table for 8 guests*
- Inspiring Hope Sponsor** **\$2,500** *includes 4 guest tickets*
- Making Connections Sponsor** **\$1,000** *includes 2 guest tickets*
- I/We are unable to attend, but would like to make a donation in the amount of: \$ _____**

Name _____
(As you would like to be publicly acknowledged for sponsorship)

Contact Person _____
(If different from above)

E-mail _____ Phone _____

Street Address _____

City, ST Zip _____

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

Credit Card # _____

Name on Card _____ Total Amount \$ _____

Exp Date _____ 3 Digit Security Code _____ Signature _____

The fair market value of each sponsorship is \$80.00 per ticket (non-tax-deductible).

Please return form to:

Schurig Center for Brain Injury Recovery
1132 Magnolia Avenue
Larkspur, CA 94939

Angela Abbey, Director of Development
angela@schurigcenter.org • (415) 461-6771 x103



**SCHURIG
CENTER**
For Brain Injury Recovery

Thank You