

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____ Email: _____

(required for registration)

Sponsor Name *(as it should appear in recognition materials)*: _____

Submit your gift or pledge before **Friday, July 5** to be included on the event invitation.

SPONSOR LEVELS

Yes! I want to pledge our support for **Celebration of Learning** *(Friday, November 1)*:

\$50,000 Presenting Sponsor *(10 Registrations)*

\$25,000 Platinum Sponsor *(8 Registrations)*

\$10,000 Gold Sponsor *(6 Registrations)*

\$5,000 Silver Sponsor *(4 Registrations)*

\$2,500 Bronze Sponsor *(4 Registrations)*

We are unable to attend this year. Please accept our tax-deductible donation of \$ _____

ATTENDEES

Please RSVP with your final guest list no later than **Friday, September 27**. Registrations will be held in the name of each guest listed below. There are no tickets for this event.

PAYMENT OPTIONS

My check is enclosed, payable to **Columbus Metropolitan Library Foundation**

Credit Card: Visa Mastercard Discover American Express

Credit Card #: _____ Exp: _____

Payment to follow. Please send invoice.

Please sign to verify pledge: _____ Date: _____

For more information or to make your gift today, visit foundation.columbuslibrary.org or call **614.849.1341**.

Please return completed form to: **Celebration of Learning**
Columbus Metropolitan Library Foundation
96 S. Grant Ave.
Columbus, OH 43215
or col@columbuslibrary.org