

Austin Children's Museum Sponsor Form

Yes! We want to help inspire the love of discovery in Central Texas children!

Contacts

Donor or Company Name _____
CEO Name _____
Company Contact Name _____
Company Contact Title _____
Address _____
City, State, Zip _____
Preferred Phone _____ Fax _____
Preferred Email _____
(for invitations, Museum News, and updates)

Please print how you prefer this gift be recognized in printed materials.

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Please accept our gift/pledge of:

ACM Luncheon Table Sponsor Levels:

- Visionary \$20,000+
- Inventor \$10,000 - \$19,999
- Discoverer \$5,000 - \$9,999
- Explorer \$2,500 - \$4,999
- Other \$ _____

- All sponsorship levels include a table for 10 to the Luncheon, invitations to other exclusive ACM events, and recognition in the Luncheon program, the ACM website, and other ACM publications.
- Tables sponsorships of \$5,000 and above include an invitation to a VIP reception the evening before the luncheon, plus preferred table placement and recognition for the event.

The value of these and other benefits provided as a result of this gift will be included in your tax receipt. Please contact ACM for more information about benefit schedules.

We will not attend this year's luncheon and wish to decline all benefits associated with our gift.

THANK YOU for your support! Your gift provides the Austin Children's Museum with resources for exhibit development, innovative educational programming, Open Door Access outreach programs and the flexibility to respond to critical needs and new initiatives.

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Payment Options

Please complete this form and return it with your gift or payment preference to the Austin Children's Museum at 512-472-2495 (fax) or 201 Colorado Street, Austin, Texas 78701. Please contact Lisa Lee, Director of Development, at 512-472-2499 x212 or llee@austinkids.org with questions.

- Check enclosed *(payable to the Austin Children's Museum).*
- Please invoice me in March/April/May 2008 *(circle one).*

-OR-

- Please charge my full gift to my credit card.
- Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____ Date _____

