



Yes! We want to equip and inspire the next generation of Central Texas children!

Donor or Company Name _____

CEO Name _____

Company Contact Name and Title _____

Address _____

City, State, Zip _____

Preferred Phone _____ Fax _____

Preferred Email _____

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

.....
 Please accept our gift/pledge of: \$ _____

IMAGINARIUM Table Sponsor Levels:

- | | | | |
|---|---------------------|--|-----------------|
| <input type="checkbox"/> CAPTAIN AMERICA | \$15,000+ | <input type="checkbox"/> THE INCREDIBLES | \$2,500 - 4,999 |
| <input type="checkbox"/> JUSTICE LEAGUE | \$10,000 - \$14,999 | <input type="checkbox"/> X-MEN (1/2 table) | \$1,250 - 2,499 |
| <input type="checkbox"/> GALACTIC GUARDIANS | \$5,000 - \$9,999 | <input type="checkbox"/> Other \$ _____ | |

➤ Sponsorships include a table for 8 to the event (two at the Captain America level and 4 seats at the X-Men level), invitations to other exclusive ACM events, and recognition in the event program, the ACM website, and other ACM publications.

➤ Tables sponsorships of \$5,000 and above include VIP perks, 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 IMAGINARIUM 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 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 January/February/March/April/May 2010 (circle one).

-OR-

- Please charge \$ _____ to my Visa MasterCard American Express
 Charge the full amount ~~or~~
 Charge _____ equal monthly/quarterly (circle one) payments beginning the 1st of next month.

Credit Card Number _____

Expiration Date _____

Name on Card _____

