

COLONIAL GEM

APRIL 23, 2020 | 3500 SHAMROCK DRIVE | 6:00 P.M. TO 8:30 P.M.

INDIVIDUAL & GROUP TICKETS

	No. Seats	Recognition at Event	Personalized Tour of HAH
Presenting Sponsor \$2,500+	8	Company name & logo in event program & displayed in lobby	Yes
Full Table Sponsor \$1,000+	8	Company name in event program & displayed in lobby	X
Half-Table \$500+	4	X	X
Individual \$125+	1	X	X

For additional questions or for a customized sponsorship package, please contact Tom Eisman, Development Director, at 704.568.1774 or at tom@charlottemuseum.org.

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Thank you for your contribution to The Charlotte Museum of History. Please complete the form below and return to Tom Eisman, Development Director, via email at tom@charlottemuseum.org, or via mail to 3500 Shamrock Drive, Charlotte, NC 28215. To receive the maximum benefits and exposure of sponsorship, please respond by February 23, 2020.

Tickets may also be purchased online at charlottemuseum.org/product/colonial-gem-sponsorship.

Sponsor: _____

Sponsor Contact: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

We agree to sponsor Colonial Gem at the following level:

- Presenting | \$2,500 Full Table | \$1,000 Half Table | \$500
 Individual | \$125

We are unable to attending the 2020 Colonial Gem. However, we have enclosed a contribution to The Charlotte Museum of History in the amount of \$ _____, which is fully tax-deductible.

Signature: _____ Date: _____

Company Name / Individual Title: _____

Please provide full payment with this Sponsorship Agreement form and mail to The Charlotte Museum of History at 3500 Shamrock Drive, Charlotte, NC 28215. Sponsors should expect an invoice for the amount selected above if it has not been paid in full upon the submission of this form.

Please select the desired payment method. Please remember that checks must be made payable to **The Charlotte Museum of History** and mailed to us at 3500 Shamrock Drive, Charlotte, NC 28215.

- Check Debit / Credit Card

Cardholder Name: _____ Date: _____

Company Name / Individual Title: _____

Card Number: _____

Expiration Date: _____ / _____ CVV: _____ / _____

Signature: _____