

Night at the Museum Gala 2017

Sponsorship Form

LEVEL: \$10,000 Innovator \$5,000 Premier \$2,500 Eclipse \$1,000 Patron \$250 Individual _____ Other

SPONSORING ENTITY: _____

CONTACT NAME: _____
First Last M.I.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____
 Home Cell Office

PAYMENT INFORMATION

FORM OF PAYMENT: Credit Card Check

CREDIT CARD TYPE: Visa MasterCard Discover American Express

NAME ON CARD: _____

NUMBER: _____ EXPIRATION: _____

3-DIGIT SECURITY CODE: _____

I authorize Museum at Prairiefire to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature

GUEST LIST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INTERNAL USE ONLY

DATE RECEIVED: _____ PAYMENT PROCESSED: _____



Mail to: Museum at Prairiefire, 5801 West 135th Street, Overland Park, KS 66223
Or email to kristina@museumatpf.org

