



NIGHT VISIONS

A CELEBRATION OF *hope and heroes*

Yes, I want to support CVI as a NIGHT VISIONS Sponsor!

Name (as you wish it to appear in print)

SPONSORSHIP AMOUNT: \$

- Presenting - \$25,000
- Champion - \$10,000
- Visionary - \$7,500
- Believer - \$5,000
- Magnifier - \$2,500
- Host Committee Patron - \$1,500

I am unable to attend but would still like to support CVI with a donation of \$ _____

*Donations matching above sponsorship levels receive sponsor benefits equal to donation level (i.e. listing, recognition).

PAYMENT METHOD:

- Check enclosed (payable to the Center for the Visually Impaired)
- Credit Card

Name on Card _____

Card number _____

Exp. Date ____/____ Security Code or CCV _____

Billing Address _____

City _____ State _____ Zip _____

Cell # _____ Office # _____ Home # _____

Email _____

Signature _____ Date _____

For alternative payment methods and additional information please contact Shannon Clark at sclark@cвига.org or **404.602.4276**.

PLEASE RETURN THIS FORM TO:

Night Visions
Center for the Visually Impaired
739 W. Peachtree St. NW
Atlanta, GA 30308

thank you!