



# 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)

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### 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](mailto: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!*