

Faison School 2010 Gala Sponsorship Form

Please indicate your level of support below and send to (fax 804-612-1955):

The Faison School for Autism
Attn: Director of Development
1701 Byrd Avenue
Richmond, Virginia 23230

I would like to make a donation at the following level (please check):

HOST	\$25,000 +	_____
BENEFACTOR	\$15,000 +	_____
SUPPORTER	\$10,000+	_____
SUSTAINER	\$ 5,000+	_____
SPONSOR	\$ 2,500+	_____
PATRON	\$ 1,500+	_____
FRIEND	\$ 1,000+	_____
INDIVIDUAL TICKETS	\$ 200	_____

All donations go to the school and its programs and are tax-deductible (to the extent permitted by law). **For full benefits, sponsor payments are due by March 1, 2010.**

Name(s): _____

Address: _____

Phone: _____ Email: _____

Please charge my Visa MC

Card Number: _____ Exp. Date _____

Signature: _____

Thank you for your support!