

ENVISION GALA 2024



EveningWithEnvision.com

Saturday, October 5, 2024

B-29 Doc Hangar

1788 S. Airport Rd., Wichita

SPONSORSHIP FORM

Sponsor Name: _____
(as it should appear in the event program)

Contact Name: _____

Phone Number: _____

Address: _____ City, State: _____ Zip: _____

Date to be invoiced: _____

SPONSORSHIP LEVELS

Presenting Sponsor - **SOLD**

Platinum Level Sponsor - **SOLD**

Diamond Level Sponsor - \$10,000

Gold Level Sponsor - \$7,500

Silver Level Sponsor - \$5,000

Dinner Table - \$3,000

Individual Tickets - \$350 each, Qty: _____

I am unable to attend, but I would like to donate. \$ _____

Text to give **ENVISIONGALA** to **44-321 / HelpEnvision.com**

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS:

Please email completed form to development@envisionus.com by September 15, 2024.
For questions or for assistance, contact Erica Brock at 316-440-1532.

Along with this form, please submit your most up-to-date company logo.
File type: jpg, png, eps or pdf File size: 500 KB or more

To improve the quality of life and provide inspiration and opportunity for people who are blind or visually impaired through employment, outreach, rehabilitation, education and research.