



Community Services for Vision Rehabilitation
visionrehab@bellsouth.net

Sponsorship Form

A Treasured Affair

Date: *March 9, 2017*

Place: *Byrne Hall on the Campus of Spring Hill College*

Please fill out the information below and select the appropriate level of sponsorship

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Diamond (\$15,000)

Gold (\$10,000)

Emerald (\$5000)

Ruby (\$2500)

Sapphire (\$1000)

Topaz (\$500)

I am not able to sponsor, but would like to contribute \$_____ to the event.

Total amount enclosed\$ _____ Total amount to be invoiced\$ _____

Contributions payable to: **CSV**
600 Bel Air Blvd. Ste 110
Mobile, AL 36606

Or **PayPal** at **www.CsvrLowvision.org**

For more information, contact Event Coordinator: Kim Bufalo (251)476-4744