



50th Anniversary Gala

SPONSORSHIP COMMITMENT FORM

I would like to sponsor SEE's 50th Anniversary Gala at the following level:

- GLOBAL VISIONARY - \$50,000
- OPHTHALMIC AMBASSADOR - \$25,000
- EYESIGHT ADVOCATE - \$15,000
- OPTICAL PARTNER - \$7,500
- SUPPORTER OF SIGHT - \$2,500

CONTACT INFORMATION:

First & Last Name _____

*Phone _____ *Email _____

**Your email and phone number will be needed to provide your sponsorship benefits.*

COMPANY INFORMATION:

Company Name _____

Street Address _____

City _____ State _____ Zip _____

I agree that you may use my company's name and logo for event publicity.

PAYMENT INFORMATION:

Method of Payment Credit Card Check Enclosed *(Please make checks payable to SEE International)*

Credit Card Type Visa MasterCard American Express Discover

Name as it Appears on Card _____

Card No. _____ Exp ____/____/____ CVC _____

Billing Address _____

Authorized Signature _____ Date _____

QUESTIONS? PLEASE CONTACT: development@seeintl.org, (805) 380-7522

Please return all completed forms and payment to:
SEE International, 6500 Hollister Ave, Suite 120, Goleta, CA 93117

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