



# 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
- CHAMPION OF SIGHT - \$5,000
- 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](mailto:development@seeintl.org), (805) 380-7522**

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

*SEE International is a 501(c)(3) tax-exempt organization. Tax ID #31-1692275*