

## GOLDEN GALA SUPPORT FORM CONTACT INFORMATION

Company / Individu	ual Name (exactly as you would like it to appear in print)	
Contact Name	Title	
Contact e-mail	Contact phone	
Street Address		
City/State/Zip		
SIGN-UP		
	Please indicate at which level you would like to participate:	
	☐ \$20,000 SPONSOR (20 guests)	
	☐ \$10,000 SPONSOR (10 guests)	
	☐ \$5,000 SPONSOR (10 guests)	
	□ \$2,500 COUPLES SPONSOR (2 guests)	
	☐ I will not be able to participate, but would like to make a contribution of \$	

## **PAYMENT INFORMATION**

Checks are preferred, but all forms of payment are accepted.				
□ Please send me an invoice for \$				
☐ I have enclosed a check for \$				
(Please make checks payable to Kirkland Museum of Fine & Decorative A	Art)			
□ Please charge my credit card \$				
□ Visa □MasterCard □American Express □Discover				
Account #	Exp. Date			
CRV Code (3-digit code on back of card)	Billing Zip Code			
Name as it appears on card	Signature			

Payment guarantees your reservation. Please consider your sponsorship of the event as a contribution; there will be no refunds.

## SEND FORM AND PAYMENT TO:

Kirkland Museum of Fine & Decorative Art

Attn: Renée Albiston

1201 Bannock Street

Denver, CO 80204

Or

Email to gala@kirklandmuseum.org

For Kirkland Museum Use	
Date Received:	