

# Pearls of Wisdom

## Annual Luncheon

September 15, 2018

Sponsor and Donation Request Form

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### Table Sponsorship

Sponsors will be recognized on the NCBWL website, in the program and at the event.

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|--|--|--|
| <input type="checkbox"/> Red Rose Sponsor \$2,000<br>Includes 2 tables of 10 seats | <input type="checkbox"/> Pink Rose Sponsor \$1,000<br>Includes 1 table of 10 seats | <input type="checkbox"/> Table Host \$500<br>1 table of 10 seats |
|--|--|--|

### Cash Donation

2018 Aurelia Varallo Mariani Scholarship Fund Donations; recognized in the program.

- |                                 |                              |
|---------------------------------|------------------------------|
| ____ Sponsor (\$1000 or above)  | ____ Donor (\$100-\$249)     |
| ____ Benefactor (\$500-\$999)   | ____ Contributor (\$50-\$99) |
| ____ Patron Donor (\$250-\$499) | ____ Friend (up to \$49)     |

Sponsor (as you wish it to be listed) or Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

- I would like to please remain anonymous.
- Check enclosed with form. Please make checks payable to NCBWL.
- I would like to pay by credit card and authorize NCBWL to debit my: Visa / Mastercard.
- I will go to the website at [www.ncbwl.org](http://www.ncbwl.org) and pay online.

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Full Name on Account: \_\_\_\_\_ Amount: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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Signature

Date

*Gifts are tax deductible to the extent provided by law.*

*Thank you for your donation.*



Nashville Catholic Business Women's League

P.O. Box 50994 • Nashville, TN 37205