



Indianapolis Prize Gala presented by Cummins Inc.

Saturday, Sept. 30, 2023 • JW Marriott Indianapolis • IndianapolisPrize.org

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Myrta J. Pulliam

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Amy Nakanishi

Sponsor/Table/Guest(s) Name: _____

How would you like the table or sponsorship to be recognized?

Same as above Other: _____

Contact Name (first and last): _____

Phone: _____ Email: _____

Mailing Address: _____

Please check one of the options below:

_____ **I wish to be a Leadership Sponsor a \$50,000 commitment.**
Includes two (2) tables with seating for 16 guests to attend the Gala and VIP Reception, recognition at both events, on the website, in the annual report and related materials.

_____ **I wish to be the Welcome Reception Sponsor, a \$15,000 commitment.**
Includes two (2) tables with seating for 16 guests to attend the Gala and Welcome Reception, recognition at both events, on the website, in the annual report and related materials.

_____ **I wish to be a Gold Sponsor, a \$10,000 commitment.**
Includes a table for eight (8) guests and invitation to the VIP Reception, prominent recognition on the website, at the event and in the Indianapolis Zoological Society, Inc. annual report.

_____ **I wish to be a Silver Sponsor, a \$6,000 commitment.**
Includes a table for eight (8) guests, recognition on the website, at the event and in the Indianapolis Zoological Society, Inc. annual report.

_____ **I wish to sponsor the _____ event, a \$15,000 commitment.**
Includes Gold sponsorship to the Gala and prominent recognition at the chosen event.

_____ **I am interested in discussing a partnership or custom sponsorship.**
Please contact me using the information provided above.

By signing below, I agree to support the Indianapolis Prize Program.

Print Name

Signature

Date

Questions? Contact Amy Nakanishi at 317-630-2004 or anakanishi@indianapolisprize.org

To be recognized at the event, this form must be received by Aug. 31, 2023.

Thank you for making a gift to the Indianapolis Prize. How do you wish to make your gift?

Invoice: Please indicate the date(s) you would like to be invoiced: _____

Credit Card: AMEX Visa MasterCard Discover

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card # _____ Exp. Date: _____ CIN#: _____

Please mail or fax completed forms to: Amy Nakanishi
Indianapolis Zoological Society, Inc.
1200 West Washington Street, Indianapolis, IN 46222
Fax: 317-630-5153