

Signal Hill Public Library Legacy Wall Sponsorship Commitment

DONOR INFORMATION

Name/Company Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

DONATION LEVEL

Champion 20.5" x 15.5" plaque • \$15,000
Up to 3 lines, 12 characters/spaces per line

Advocate 10" x 6.5" plaque • \$5,000
Up to 2 lines, 14 characters/spaces per line

Legacy 15.5" x 12.5" plaque • \$10,000
Up to 3 lines, 12 characters/spaces per line

Friend 5" x 5.5" plaque • \$2,500
Up to 2 lines, 12 characters/spaces per line

Partner 8" x 11" plaque • \$7,500
Up to 3 lines, 9 characters/spaces per line

Supporter 5.5" x 2.5" plaque • \$1,000
Up to 2 lines, 14 characters/spaces per line

PAYMENT OPTIONS

Payment in full **Invoice in 2 installments**

Invoice in annual installments
SHCF Board Approval Required

TEXT TO BE ENGRAVED (Names Only)

All lines are centered • All letters are capitalized

MR. MRS. MS. FAMILY IN MEMORY OF

LINE 1:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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LINE 2:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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LINE 3:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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FOR OFFICE USE ONLY Approved Denied

Received by: _____ Date: _____

Notes: _____