



CONTACT INFORMATION

(as to appear in printed materials)

Donor Name _____
Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Office Phone _____ Cell Phone _____ Email _____

SPONSORSHIP LEVELS

____ Platinum Level (\$2500) ____ Gold Level (\$1750) ____ Silver Level (\$1500) ____ Bronze Level (\$1000)
____ Auction Donation Item Donated/Value _____
____ Donation Donation Amount _____
____ Individual Ticket (\$100) Quantity _____

BILLING & PAYMENT INFORMATION

Please make checks payable to "KISD Education Foundation"

____ Check enclosed in the amount of \$ _____
____ Credit Card: VISA ____ Mastercard ____ Discover ____ AMEX ____
Cardholder Name _____
Billing Address _____ City _____ State _____ Zip _____
Credit Card Number _____
Expiration Date _____ Security Code _____
Cardholder Signature _____

Please retain a copy for your records

**Return with payment to:
KISD "Night Under the Stars"
Attn: Shelley Turner
301 N. Kilgore
Kilgore, TX 75662**