



12642 Monte Vista Road, Poway, CA 92064 • 858-673-1756 • www.countrymontessori.org

Aloha!

A Benefit Auction for Country Montessori School

Our Non-Profit Tax ID number for your donation is #33-0363869.

SPONSORSHIP

Please return by February 15, 2010, for proper recognition.

We have lots of opportunities for you or your business to help underwrite the cost of the auction. The auction is costly to produce, and the more support we receive, the more of the auction proceeds will go towards our school. In addition to the verbal & written acknowledgement at the event, there are several auction expense categories that can be underwritten including:

- Dinner ~ \$3,000 (Includes a Table of 8 to the Event)
- Catalog Printing - \$250 (Sponsor name on Booklet Cover)
- Invitation Printing ~ \$250 (Sponsor name on Invitations)
- Beverages ~ \$600 (Sponsor name at Bar)
- Table ~ \$250 (Named table with two reserved tickets to event)
- Teacher/Staff tickets ~ \$50 each
- Other amount ~ \$_____

All sponsors with a **minimum of \$250** will be acknowledged in a special section of our communications with an external link through our website.

We would greatly appreciate your help in any amount. To fully or partially sponsor any expenses, please contact Annemargaret Beck at childcarecompanions@cox.net. I can be reached at 858-663-6269 to answer any questions.

- Yes, I would like to help sponsor the CMS Benefit.
- Please check if you would like an external link to your website.

Contact Name: _____ Telephone _____

Business Name: _____

Address: _____ City/ST/Zip: _____

Email: _____ Website: _____

Please find enclosed my check for \$_____

Our Non-Profit Tax ID number for your donation is #33-0363869.

Return form to:

Roy/Dragonflies

Country Montessori School



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Auction Donation Form

Please return by February 15, 2010, for proper recognition.

Business/Individual Name _____

Contact Person _____ **E-mail Address** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Obtained By _____

Item(s) Donated _____

Value of Donation _____

Description of Item(s) _____

Exclusions _____

Expiration Date _____ **Certificate for Donation Yes No** _____

Donation will be **Mailed** **Available for Pick-up** _____

OFFICE USE ONLY
Date Donation Received
Date Acknowledgement Sent
Committee Member Assigned

If you have questions regarding the form you can contact Annemargaret at 858-663-6269 orchildcarecompanions@cox.net. Please forward the completed forms to Sushmita Shurdeo at sushmitashurdeo@gmail.com or place it in the Roy/Dragonflies mailbox. Thank you.