

# UMLAUF SCULPTURE SPONSORSHIP



Support Level (circle a payment plan if desired, or pay in full)

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> \$1,000       | <input type="checkbox"/> \$1,250           | <input type="checkbox"/> \$2,500        | <input type="checkbox"/> \$3,500        | <input type="checkbox"/> \$5,000         |
| Quarterly - \$250<br>Monthly - \$83.34 | Quarterly - \$312.50<br>Monthly - \$104.17 | Quarterly - \$625<br>Monthly - \$208.34 | Quarterly - \$875<br>Monthly - \$291.67 | Quarterly - \$1250<br>Monthly - \$416.67 |
| <input type="checkbox"/> \$7,500       | <input type="checkbox"/> \$15,000          | <input type="checkbox"/> \$25,000       | <input type="checkbox"/> \$35,000       | <input type="checkbox"/> \$40,000        |
| Quarterly - \$1,875<br>Monthly - \$625 | Quarterly - \$3750<br>Monthly - \$1250     | Yearly - \$12,500<br>(2 year pledge)    | Yearly - \$11,667<br>(3 year pledge)    | Yearly - \$10,000<br>(4 year pledge)     |

Pledge Length (prices will not be subject to any future changes for the duration of pledge)

- 1 year       2 years       3 years       4 years       5 years

Sponsored Sculpture Name \_\_\_\_\_

Donor Name \_\_\_\_\_

Recognition Name \_\_\_\_\_

May we include your name on our e-blasts and Garden Party signage?       YES       NO

Donor Address \_\_\_\_\_

Donor City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donor Phone \_\_\_\_\_ Donor Email \_\_\_\_\_

## Questions?

Please contact Development at: [development@umlaufsculpture.org](mailto:development@umlaufsculpture.org) or (512) 640-6518

Please Return Form, and/or Item To:

**UMLAUF Sculpture Garden & Museum**

Attn: Development

605 Azie Morton Road, Austin TX 78704

(512) 640-6518 | [development@umlaufsculpture.org](mailto:development@umlaufsculpture.org)

Thank you for your generous tax-deductible support of the UMLAUF Sculpture Garden & Museum, a 501c3 nonprofit.

# UMLAUF SCULPTURE SPONSORSHIP



## Payment Method

Check enclosed (Payable to the **UMLAUF Sculpture Garden & Museum**)

Charge my card for \$ \_\_\_\_\_

Visa

American Express

MasterCard

Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CCV

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Billing Address (if different from above)

Payment is due 3 months from initial pledge date (unless otherwise arranged with UMLAUF)

Pledge Date \_\_\_\_\_

In Full Due Date \_\_\_\_\_

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