

RSVP BY OCTOBER 14, 2020

GUEST INFORMATION

Name: _____

Company or Organization: _____

Email Address: _____

Mobile Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please note: We will collect email addresses and mobile phone numbers for all attendees.

PLEASE MAKE THE FOLLOWING RESERVATION FOR ME:

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor \$25,000 | <input type="checkbox"/> Super Supporter Sponsor \$2,000 |
| <input type="checkbox"/> Business Person of the Year Sponsor \$10,000 | <input type="checkbox"/> Patron Sponsor \$1,000 |
| <input type="checkbox"/> Clergy of the Year Sponsor \$10,000 | <input type="checkbox"/> Benefactor \$500 |
| <input type="checkbox"/> Business Partner of the Year Sponsor \$5,000 | <input type="checkbox"/> Individual Ticket \$125: Qty: _____ |
| <input type="checkbox"/> Volunteer of the Year Sponsor \$5,000 | Sponsor name to be printed in the digital program: |
| <input type="checkbox"/> Student Speaker Sponsor \$2,500 | _____ |
| <input type="checkbox"/> Gold Sponsor \$5,000 | |
| <input type="checkbox"/> Silver Sponsor \$3,000 | |

PAYMENT INFORMATION

Please charge my credit card

Name on Card: _____

Credit Card #: _____

Signature: _____ Exp: _____ CVV: _____

Mobile Phone: _____

Billing Address (if different from above): _____

- Check:** Make check out to CBN-DC and mail to Justin Silvers, 901 N. Monroe St. #903, Arlington, VA 22201

Register online www.cbndc.org/2020gala