

Contact person for invoicing_____ Phone Number_____

Email Address_____

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MEMORIA	150 E. Columbus St., PO Box 217, Lithopolis, OH 43136 614-837-4765 wagnalls.org
	nbership-Corporate or Individual mission of The Wagnalls Memorial that provide art and educational opportunities that
_	nmunity to thrive, we join Wagnalls in its mission at the level.
•	\$5,000 and above
	 Recognition on Member wall and Member webpage
	 Recognition in Performing Arts program,
	 Table sponsorship and twelve (12) tickets for next annual gala
	 Four (4) tickets for one show at each performing arts production
Pillar	\$2,500 to \$4,999
	 Recognition on Member wall and Member webpage
	 Recognition in Performing Arts program,
	 Table sponsorship and six (6) tickets for next annual gala
	 Four (4) tickets for one show at each Wagnalls Community Theater
	production
Capstone	\$1,000 to \$2,499
	Recognition on Member wall and Member webpage
	 Recognition in Performing Arts program,
	Four (4) tickets for next annual gala
	Two (2) tickets for one show at each Wagnalls Community Theater
	production
Mortar	\$100 to \$999
	Recognition on Member wall and Member webpage
	Recognition in Performing Arts program, The Control of the C
	 Two (2) tickets for one show at each Wagnalls Community Theater production
	riod is September 1-August 31
Name	Company Name
Phone Number	Company URL
Email Address	

Address with City, State and Zip code______

Contact for artwork_____

Phone Number_____

Email Address_____