Tampa Lighthouse for the Blind, Inc. Annual Dining in the Dark Sponsorship Form Benefitting Programs in Hillsborough, Polk and Hardee Counties

Tampa Lighthouse for the Blind would like to invite you to participate in our **Annual Dining in the Dark fundraising and vision awareness event** as a **Corporate Sponsor** in support of our programs. The event will be held **Saturday, October 7, 2017** at the **Tampa Club** located 101 E Kennedy Blvd. #4200, Tampa, FL 33602 and consists of a cocktail reception and silent auction held prior to the dinner. Enjoy a unique sensory awareness experience that will take you on a journey of taste, sound, and touch... all in the dark!

Please complete the following	information:	
Your name:		/
Business name:		
Address:		
City & State:	Zip Code:	
Phone: ()	Fax: ()	
Email:	Website:	
SPONSORSHIPS: All payments	can be made by charge card or check and maile	ed to the address listed below.
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	000 -One table of ten, business name prominent d special recognition at event from stage.	ly listed on event-related materials, full-
Diamond Sponsor \$5,00 ad in tribute program.	0 - One table of ten, business name prominently	y listed on event-related materials, ½ page
 Gold Sponsor \$2,500 -O in tribute program.	ne table of ten, business name prominently liste	ed on event-related materials, 1/4 page ad
Silver Table Sponsor \$1,	000 -One table of ten, table recognition, logo or	r business name in tribute program.
Individual Ticket Purcha	se \$125.00	
Attention: Event Coordinato sponsorships and logos must be electronically to grants@tamps orefer, you can pay online by v	pany to receive recognition (or include a busing r, Tampa Lighthouse for the Blind, 1106 W. e received by Friday, September 22nd for incluse alighthouse.org. If paying by charge card, pleas visiting	

(See Reverse Side)



I cannot attend, but would like	to donate \$ to s	how my support.	
Please charge my Credit Card	##	, Exp.Date	3-digit CSC
in the amount of \$			
Business Name:	Contact Person:		
Please reserve seating for the following	ng individuals:		
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