PARTNERS IN SCIENCE

CONTACT INFORMATION

Company/ Name (As it should appear on marketing materials) _____

Primary Contact _____ Title _____

Email Address _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____

Alternate Contact (If different than above) _____

Email Address _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____

PARTNERS LEVEL *(Check One)*

- ○ Premier Level $5,000+
- ○ Executive Level $2,500-$4,999
- ○ Partner Level $1,000-$2,499
- ○ Friend Level $500-$999

Purchase of additional passes # of _____ passes X $14.98(group rate) = _____

Total Due _____

BILLING INFORMATION *(Check One)*

- ○ Please send an invoice to the contact info above
- ○ Check is enclosed made payable to "Catawba Science Center"
- ○ Please call me for credit card payment over the phone

COMPANY LOGO *(Check One)*

- ○ I will email my company's logo to marketing@catawbascience.org
- ○ Please contact (name) _____ for my comapny's logo

  Phone _____ Email _____

PLEASE RETURN THIS COMPLETED FORM TO
DonorRelations@CatawbaScience.org
OR
MAIL TO P.O. Box 2431, Hickory, NC 28603