

or mail to: 1707 1/2 Post Oak Blvd., Suite 276, Houston, TX 77056

Questions? Please contact Dina Connolly at 713-305-2380

or e-mail - dconnolly@know-autism.org



Date					
Company		Contact Name	Contact Name		
Name to be listed for recognition					
Address		City	State _	Zip	
Phone		E-mail			
SPONSORSHIP LEVELS	5				
○ ENCHANTED EVENING STAR - \$50,000		O MYTHICAL STAR - \$25,000	O MAGICAL STAR	- \$15,000	
○ SHINING STAR - \$10,000		O GUIDING STAR - \$7,500	O RISING STAR -	○ RISING STAR - \$5,000	
○ SPELLBOUND - VIP INDIVIDUAL - \$1,000 ○		O BUTTERFLY - INDIVIDUAL - \$	500		
UNDERWRITING OPPO	RTUNI	TIES			
FLORAL & DÉCOR - \$10,000  ENTERTAINMENT - \$3,000  For underwriting opportunities, pleas	PRINTIN	G AND DESIGN - \$5,000 VIP	VALET- \$2,500	AUCTION - \$3,500 v-autism.org	
PLEASE SELECT ALL THAT		-	•	-	
O I am supporting Gala / Chair / Honoree					
I am unable to attend but wish to make a cont			OAL		
PAYMENT INFORMATION	inbution of ¢		Onc	hant	ede
O My check made payable to KNOWAutism in th	ne amount of	\$ is enclosed	<b>C</b> F	enina	
I would like to confirm my pledge now and pa	y no later tha	n March 30, 2024.			
○ I authorize KNOWAutism to charge my credit	card for \$ _		Friday April 5	2024 ~ The Roya	al Sones
CREDIT CARD (CIRCLE ONE) Visa	MC AM	EX DISC		Vicole & James Lassi	
Card #			Fxn	CVV Code	
I would like to cover the credit card processin					
Name As it Appears on Card					
Billing Address		Oity	ರಚು	Zip	

All payments are due by March 30th, 2024

Know-Autism.org/Gala2024

For more information or to make payments online, please visit