



JUNIOR LEAGUE OF

ST. PETERSBURG

Gala Sponsor Information

Sponsor Recognition Name _____
As you want it to appear on all sponsor recognition

Name _____

Mailing Address _____

Phone _____ Email _____

Sponsor Information

Giving Level:

- Presenting (\$10,000)
 Partner (\$5,000)
 Leader (\$2,500)
 Patron (\$1,000)
 Supporter (\$500)
 Other Amount

My CHECK is enclosed for the full payment. Check # _____ *[Payable to JLSP]*

I would like to pay my pledge in ____ monthly installments [to be completed by April 31, 2024] of \$_____, and I authorize JLSP to charge my credit card provided herein.

Please send me an invoice for the full amount.

I would like to make a recurring monthly contribution of \$_____, and I authorize JLSP to charge my credit card provided herein.

My employer is _____, and they may participate in charity matching. Please have a League representative contact me.

In addition, I would like to buy ____ [VIP / General Admission] Tickets to fill a table.
[Circle One]

Card Type Visa Mastercard Discover AMEX Zip Code _____

Card Number _____ Exp. Date ____/____/____ Security Code _____

Recognition Information

My gift is dedicated in honor or memory of someone special. [As you would like it to appear in publications.]

In honor of _____

In memory of _____

Signature: _____ Date: _____

The Junior League of St. Petersburg, Inc., CH5314, 500 MLK St. N, Ste. #300, St. Petersburg, FL 33705. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-HELP-FLA [435-7352] toll-free within the state, or by visiting their website at www.floridaconsumerhelp.com. Registration does not imply endorsement, approval, or recommendation by the state

Thank you for your support!