

Pediatric Lyme Disease Foundation

A Night at the Theatre

Saturday, June 1, 2019

Sponsor Form

Name of Sponsor: _____

Sponsorship Level:

- Orchestra Sponsor-\$250 Backstage-\$100 Mezzanine-\$50
 Other Amount: _____

Kiwanis Club Affiliation (if applicable): _____

Phone Number: _____

Email Address: _____

Please direct the completed form with enclosed check made payable to
"Pediatric Lyme Disease Emergency Relief Fund Foundation" to the
attention of:

Jeanne M. Egan-Canning
Board Member/Event Organizer
30 Pearsall Ave
Unit 3D
Glen Cove, NY 11542

If you have any questions, please feel free to contact Jeanne at
post2004@att.net or 516-353-8325. If you are interested in sitting next to
someone during the performance that will be mailing their request in
separately, please let us know and we will try to accommodate your
request. We will also select payment the night of the performance.