

Join Us

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as you want it to appear in the program

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SPONSORSHIP LEVEL <i>see reverse for details</i>	QTY	
ANNIVERSARY BENEFACTOR	_____	\$20,000
LEADERSHIP BENEFACTOR	_____	\$ 10,000
SUPPORTING BENEFACTOR	_____	\$ 5,000
COMMUNITY DONOR	_____	\$ 2,500
FRIEND DONOR	_____	\$ 1,500
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PREVIEW PARTY - A COOL CAROLINA EVENING	_____	\$ 250
LUNCH ON THE LAWN WITH FRIENDS	_____	\$ 125
DAILY TICKET	_____	\$ 40

Although I am unable to attend, I would like to contribute: \$ _____

Total \$ _____

Check enclosed (make check payable to *Cashiers Designer Showhouse*)

Credit Card MASTER CARD VISA AMERICAN EXPRESS

Credit Card # _____

Exp. Date _____ Security # _____

Billing Address _____

Mail your check with this form in the enclosed envelope to

P.O. Box 2824, Cashiers, NC 28717

For more information, visit us online at

www.CashiersHistoricalSociety.org/Showhouse or call 828-743-7710

***TICKETS ARE WILL-CALL at EACH EVENT**