

Sponsorship Commitment

Sponsor Name (for listing in all print materials):			
Person authorized to execute Sponsorship:			
Signature:			
Contact person for Sponsorship details and delivery of benefits (if different):			
Address:			
City/State/Zip:			
Phone:			
Email:			

Sponsorship Levels

Yes! Please reserve our Sponsorship at the following level:

\$1,500	\$3,000	\$5,000	\$10,000	\$25,000
WEREWOLF	MUMMY	DRACULA		MONSTER MASH
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○ Check enclosed ○ Please send invoice

PLEASE NOTE: Sponsors of \$5,000 or more will be acknowledged on the invitation if committed by 7.11.2025.

RETURN YOUR COMPLETED FORM TO:

Renée Cox, Advancement Program Administrator Connecticut Science Center 250 Columbus Blvd., Hartford, CT 06103 Email: rcox@CTScienceCenter.org

Questions: (860) 520-2154