



## GWIZ, The Hands-On Science Museum Business Partners Program

### **Exploration Partner - \$1,000 donation**

- 40 admission passes
- 40 admission passes to be donated in your name to underserved families
- Name, logo and link on GWIZ website as a Business Partner
- A listing in four of the monthly e-mail blasts
- 2 listings in the GWIZ visitor guide promoting your business
- Invitation for four to special exhibit openings and events (excluding Gala and fundraisers)
- Invitation to annual Business Partner Appreciation Reception
- Recognition in the GWIZ lobby
- Donation is tax deductible

### **Discovery Partner - \$500 donation**

- 20 admission passes
- 20 admission passes to be donated in your name to underserved families
- Name, logo and link on GWIZ website as a Business Partner
- A listing in two of the monthly e-mail blasts
- 1 listing in the GWIZ visitor guide promoting your business
- Invitation for two to special exhibit openings and events (excluding Gala and fundraisers)
- Invitation to annual Business Partner Appreciation Reception
- Recognition in the GWIZ lobby
- Donation is tax deductible

### **Science Partner - \$250 donation**

- 10 admission passes
- 10 admission passes to be donated in your name to underserved families
- Name listed on GWIZ website as Business Partner
- Invitation to two special exhibit openings and events (excluding Gala and fundraisers)
- Invitation to annual Business Partner Appreciation Reception
- Recognition in the GWIZ lobby
- Donation is tax deductible



## Yes, we would like to become a GWIZ Business Partner.

- Exploration Business Partner - \$1,000 \$ \_\_\_\_\_
- Discovery Business Partner - \$500 \$ \_\_\_\_\_
- Science Business Partner - \$250 \$ \_\_\_\_\_
- We are pleased to support GWIZ with a contribution. \$ \_\_\_\_\_

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| Contact Person: _____  |
| Name of Business: _____<br>(Please print legibly. Business name, as written above, will be used on all promotional materials.)   |
| Street _____   |
| City, State, Zip Code: _____   |
| Telephone: _____ Fax: _____ E-Mail: _____  |
| <input type="checkbox"/> Check enclosed <input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AE |
| Card# _____ Exp. Date _____  |
| Signature _____  |

Fax or mail your donation today to:  
Nikki Taylor, Director of Development  
1001 Boulevard of the Arts  
Sarasota, FL 34236  
Phone: 309-4949 ext. 102  
Fax: 906-7292

**Please keep a copy of this form for your records.**  
A portion of your donation is tax deductible as allowed by law.