Signal Hill Public Library
Legacy Wall Sponsorship Commitment

DONOR INFORMATION
Name/Company Name: ______________________________________________________
Address: ______________________________________________________________________
City/State: ____________________________________________    Zip: ____________________
Phone: _________________________________________________________________________
Email: __________________________________________________________________________

DONATION LEVEL
☐ Champion 20.5" x 15.5" plaque • $15,000
   Up to 3 lines, 12 characters/spaces per line
☐ Legacy 15.5" x 12.5" plaque • $10,000
   Up to 3 lines, 12 characters/spaces per line
☐ Partner 8" x 11" plaque • $7,500
   Up to 3 lines, 9 characters/spaces per line
☐ Advocate 10" x 6.5" plaque • $5,000
   Up to 2 lines, 14 characters/spaces per line
☐ Friend 5" x 5.5" plaque • $2,500
   Up to 2 lines, 12 characters/spaces per line
☐ Supporter 5.5" x 2.5" plaque • $1,000
   Up to 2 lines, 14 characters/spaces per line

PAYMENT OPTIONS
☐ Payment in full       ☐ Invoice in 2 installments       ☐ Invoice in annual installments
   SHCF Board Approval Required

TEXT TO BE ENGRAVED (Names Only) All lines are centered • All letters are capitalized
☐ MR.  ☐ MRS.  ☐ MS.  ☐ FAMILY  ☐ IN MEMORY OF
LINE 1:

LINE 2:

LINE 3:

FOR OFFICE USE ONLY  ☐ Approved  ☐ Denied
Received by: _______________________________________________________ Date: _____________________________
Notes: _________________________________________________________________________________________________