



Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Eve. _____ Email _____

NAMING OPPORTUNITIES:

Signage on or near each area and a complimentary Memorial Tile.

<input type="checkbox"/> CATTERY \$2,500	<input type="checkbox"/> SMALL DOG KENNEL \$2,500	<input type="checkbox"/> LARGE DOG KENNEL \$5,000	
<input type="checkbox"/> RECOVERY ROOM \$10,000	<input type="checkbox"/> VISITATION ROOM \$10,000 - **Only 3 Available**	<input type="checkbox"/> ISOLATION ROOM \$10,000	<input type="checkbox"/> CAT CONDO \$20,000
<input type="checkbox"/> PUPPY CONDO \$20,000	<input type="checkbox"/> MEDICAL SUITE \$25,000	<input type="checkbox"/> LOBBY \$100,000	<input type="checkbox"/> SHELTER NAME \$500,000

WALK OF LIFE PAVERS:

<input type="checkbox"/> DONOR TILE \$250 Each tile is 4" x 8" with 3 lines of text – a maximum of 15 spaces per line.	<input type="checkbox"/> PATRON TILE \$500 Each tile is 8" x 8" with 4 lines of text, a maximum of 15 spaces per line, plus a choice of image: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Paw Print	<input type="checkbox"/> SPONSOR TILE \$1,250 Each tile is 16" x 16" with 5 lines of text, a maximum of 15 spaces per line, plus a choice of image: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Paw Print
<input type="checkbox"/> LEADER TILE \$1,500 Each tile is 24" x 24" with 6 lines of text, a maximum of 15 spaces per line, plus a choice of image: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Paw Print	<input checked="" type="checkbox"/> A "CORPORATE LOGO" MAY BE INCLUDED ON EITHER THE SPONSOR OR LEADER TILES. PLEASE NOTE HERE SHOULD YOU WISH TO DO SO.	<input type="checkbox"/> OTHER <i>Gift of My Choice:</i> \$ _____ <small>(NOTE: GIFTS UNDER \$250 DO NOT RECEIVE TILE.)</small>

Tile Description:

My method of payment is:

Check made payable to the Brandywine Valley SPCA **OR**

Charge on my VISA MasterCard American Express Discover

Account No. _____ Exp. Date _____ CVV _____

Signature _____

*Please have All guests speak to the Rita Schorn, Donor Relations Coordinator to complete the ordering process.