

Help Alight Shine On Our Community

Donor Name: _____

Contact (if different): _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Check enclosed (payable to Alight) Please charge my credit card (Visa or Mastercard)

Card Number _____ Expiration Date ____/____/____ CVS _____

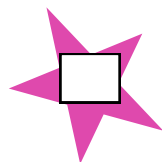
Card Holder's Name _____

Champion Privileges	Platinum (\$10,000+)	Gold (\$5,000)	Silver (\$2,500)	Supporter (\$1,000)	Friend of Alight (\$250)
Recognition on invitations mailed to homes and businesses for signature Alight at Tyler White Gallery event. (deadline for inclusion is August 3, 2018)	√	√	√	√	√
Listing on donor board	√	√	√	√	√
Recognition in newsletter	√	√			
Listing on Alight website	Logo/ Name/Link	Logo/ Name			
Number of spots on guest list for Tyler White Gallery event*	10	8	6	4	2

*There will be a guest list at the registration desk on the night of the event.

Champion Level:


Platinum (\$10,000) Gold (\$5,000) Silver (\$2,500) Supporter (\$1,000) Friend of Alight (\$250)



Yes! Make me an Alight All-Star! Please count on this as the first of my **three-year pledge** at this level.



Alight Program at Cone Health Cancer Center
c/o Office of Institutional Advancement
1200 N. Elm Street • Greensboro, NC 27401
P 336-832-0027 • F 336-832-0028

www.AlightFoundation.org • www.facebook/thealightfoundation 
Cone Health is a 501(c)(3) organization. Federal Tax ID# 58-1588823.