



2019 LAKE PARTNER & BREAKFAST SIGN UP

BECOME A LAKE PARTNER

Lake Partners are recognized annually January 1st through December 31st.

Lake Partner donations are made independently of programs or events and directly benefit our on-the-ground projects and hands-on education and engagement. Support Clean Lakes Alliance through a 100% tax-deductible donation as a Lake Partner (business/organization "membership").

- \$75..... Individual Business, suggested for 0-1 employee
- \$75..... Small Non-profit, suggested for 0-25 employees
- \$100..... Small Business, suggested for 2-10 employees or restaurant
- \$250..... Suggested for 11-25 employees
- \$350..... Suggested for 26-50 employees
- \$500..... Suggested for 51-99 employees
- \$750..... Suggested for 100-249 employees
- \$1,000..... Yahara Society, suggested for 250-499 employees
- \$2,500..... Yahara Society, suggested for 500-999 employees
- \$5,000..... Yahara Society, suggested for 1,000+ employees

SAVE OUR LAKES COMMUNITY BREAKFAST

Wednesday, May 8th, 2019 • 7:30 a.m. • Please complete guest registration on back side

<u>Lake Partner Rate</u>	<u>Regular Rate</u>	
<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,000	Table Sponsor
<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,000	Table Captain (secure 7 additional people)
<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	Government/Non-Profit/Education table
<input type="checkbox"/> \$90	<input type="checkbox"/> \$100	Individual seat
<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	Government/Non-Profit/Educational individual seat

\$ _____ TOTAL INVESTMENT

CONTACT AND PAYMENT INFORMATION

Business/Organization Name _____
please list as you would like name to appear in all materials and acknowledgement

Contact Name _____

Street Address _____

City, State _____ ZIP _____

Email _____ Phone _____

Payment Options (please check one) Card provided Check enclosed Paid online Invoice me

Credit Card Information Visa Mastercard Discover

Cardholder Name _____ Cardholder ZIP _____

Card # _____ Exp. Date _____ CVV Code _____

I authorize Clean Lakes Alliance to bill the card listed above

Authorized Signature _____ Date _____

Return To: Adam Sodersten (adam@cleanlakesalliance.org)
Clean Lakes Alliance • 150 E Gillman Street, Suite 2600 • Madison, WI 53703 • (608) 255-1000

SAVE OUR LAKES COMMUNITY BREAKFAST

Wednesday, May 8th, 2019

	Guest Name	Guest Company (if different)	Guest Email Address	Dietary Restrictions
1				
2				
3				
4				
5				
6				
7				
8				