



LT MICHAEL MURPHY NAVY SEAL MUSEUM SEA CADET TRAINING FACILITY



CORPORATE SPONSORS

MEDAL OF HONOR SPONSOR

\$100,000 and up

Naming Rights to Exhibition Hall, Classroom,
Outside Exhibit Display (Your Choice)

Such as Vietnam Exhibit or War on Terror Exhibit

Presented by your Company name in Silver block words

CHAIRMAN'S CLUB

\$50,000 or more

Corporate Sponsor plaque on wall and one evening
use of museum for special event, meeting or private affair

GOLD SPONSOR

\$25,000 or more

Name on Gold plaque in museum lobby

SILVER SPONSOR

\$10,000 or more

Name included on Silver plaque

BRONZE SPONSOR

\$5,000 or more

Name on Bronze plaque in museum lobby

MUSEUM BRICK CAMPAIGN

\$100 Gold Star Family

\$200 Veterans, First Responders and Blue Star families

\$300 Public Brick

8x8 brick on museum walkway

COMMEMORATIVE CHALLENGE COIN

\$25 or more



LT MICHAEL MURPHY NAVY SEAL MUSEUM SEA CADET TRAINING FACILITY DONATION FORM

DONOR INFORMATION (Please print or type)

Company Name: _____

Name (first/last): _____

Billing Address: _____

City, St., Zip Code: _____

Phone & Email: _____

My check is enclosed and made out to the LT Michael P. Murphy Navy SEAL Museum

Please charge my credit card

MAKE A RECURRING PLEDGE

Yes! Please make this a recurring monthly pledge in the amount of \$_____ in support of the LT Michael P. Murphy Navy SEAL Museum

SPONSORSHIP LEVEL (please select one)

Medal of Honor (\$100,000 or more) Chairman's Club (\$50,000) Gold (\$25,000)

Silver (\$10,000) Bronze (\$5,000) Museum Coin (\$100)

Commemorative Brick: (Choose One): (\$100 for Gold Star Families) (\$200 for Veterans) (\$300 General)

CREDIT CARD BILLING INFORMATION

I(we) plan to make this contribution by: AMEX Discover Visa MasterCard

Credit Card Number: _____

Expiration Date (Month/Year) _____

Authorized Signature (Print & Sign) _____

YES Billing Address is different from the Donor Information

New Address: _____

MATCHING

Company/Family/Foundation will match gifts!

List Name: _____

Form Enclosed Form will be Forwarded

GIFTS IN HONOR OR IN MEMORY OF AN INDIVIDUAL

*Note: The LT Michael P. Murphy Navy SEAL Museum does not disclose the donation amount. Gift Type (Choose One); In Honor of In Memory Of I (we) wish to have our gift remain anonymous. Send acknowledgment of my gift to (First/Last Name) & Address _____

Please make checks, corporate matches, or other gifts payable to:

LT Michael P. Murphy Navy SEAL museum

PO Box 65, West Sayville, NY 11796

THANK YOU FOR YOUR SUPPORT! A Tax Deductible Thank You Letter Will Be Mailed Upon Receipt.