



Karen Organization of Minnesota
 မိနီဆိုဒိုးထောင်တစ်ခုလုံးအမျိုးသမီးတစ်ဦးတည်းကလေး
 ညွှန်ကြားမှုဦးစီးဌာန၊ ကလေးတို့အတွက်အကျိုးပြုစီမံခန့်ခွဲရေး
 ဦးစီးဌာန၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့

2017 SPONSOR REGISTRATION FORM

Please complete all fields in this form so that we may accurately acknowledge your contribution. Return this form to the Karen Organization of Minnesota by Friday, September 22nd, to ensure full recognition of your sponsorship at KOM's 7th Annual Gala on October 12th.

Mail your completed registration form and check to:
Attn: Keetha Vue, Karen Organization of Minnesota, 2353 Rice St., Suite 240, Roseville, MN 55113

Sponsor Information		
Sponsor Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Person Name:		
Phone Number:	Email Address:	

Sponsorship Information	
Sponsorship Level (Please check one): <input type="checkbox"/> Htoo Wah (Platinum) Sponsor - \$4,000 <input type="checkbox"/> Htoo (Gold) Sponsor - \$2,000 <input type="checkbox"/> Say (Silver) Sponsor - \$1,200 <input type="checkbox"/> Toe Baw (Bronze) Sponsor - \$600	Payment Method (Please check one): <input type="checkbox"/> Check enclosed (Please make checks payable to Karen Organization of Minnesota with 2017 Gala Sponsorship in the memo line.) <input type="checkbox"/> Credit card (Please visit http://www.mnkaren.org/event/2017-annual-gala/ to make a secure payment via PayPal or call Keetha Vue at (651)202-3109.)

Table Information			
Sponsor Name (as you would like it to appear on the table):			
Guest Name:	Check if Vegetarian:	Guest Name:	Check if Vegetarian:
Additional comments/accommodation needs:			