DONOR WALL RECOGNITION PROGRAM

The Nord Center conducted a capital campaign to expand its building in 1993. At that time the agency was able to inscribe the names of donors on the wall in its lobby. Because many people have expressed interest in continuing to donate “bricks” The Nord Center is pleased to announce its Donor Wall Recognition Program.

Individual sponsors or businesses may choose to have their names placed on a 2.5 x 9” zinc plaque which will be affixed to the wall in the first floor hallway and waiting room area of the South Broadway location.

The form below shows the number of characters including punctuation and spaces that the plaque holds. Donors have the option to have their donations made be in memory or in honor of a loved one, or even remain anonymous. This will be indicated on the attached form.

Please review the following donation levels to help you decide which level of partnership you are interested in.

- GOLD SPONSOR $1,000 donation
- SLIVER SPONSOR $750 donation
- BRONZE SPONSOR $500 donation
- COPPER SPONSOR $250 donation

Please contact Betsey Kamm, our Director of Institutional Advancement with any questions at bkamm@nordcenter.org or at (440) 204-4185. To order your plaque please complete the accompanying form and return to:

Betsey Kamm
Director of Institutional Advancement
The Nord Center
6140 South Broadway OR FAX: (440) 204-4185
Lorain OH 44053

Sample Plaque
Thank you for your gift to The Nord Center.

Please provide the following information, so we may proudly display your plaque.

Name of Donor ________________________________________________

Street Address ______________________________________________

City, State, Zip Code __________________________________________

Phone Number  Home (  )  Cell (  )  Office (  )

E-mail Address ______________________________________________

GIVING LEVEL

O GOLD Sponsor  $1,000 donation
O SILVER Sponsor  $750 donation
O BRONZE Sponsor  $500 donation
O COPPER Sponsor  $250 donation

PLAQUE INFORMATION (please enter information exactly how you wish it to appear).

Optional:  [ ] In Memory Of  ________________________________

[ ] In Honor Of  ____________________________________________

May we contact this person to let them know?  If so, please email us with contact information.

[ ]  I /We wish to remain anonymous.  (please provide necessary contact/ billing information).

Please mail completed form and payment to:

Betsey Kamm, The Nord Center, 6140 S Broadway, Lorain OH 44053.
You may also fax (440) 204-4185 or e-mail to bkamm@nordcenter.org.
DONOR WALL PLAQUE DONATION PAYMENT FORM

Billing Information:

Name

Address

City, State, Zip

Email

Payment Method

[ ] Check Enclosed (please make payable to The Nord Center)

Credit Card Information

[ ] Visa
[ ] MasterCard
[ ] American Express
[ ] Discover

Name On Card

Account Number

Credit Card Expiration Date

Security Code

Signature

Date

Return form to:
Betsey Kamm
Director of Institutional Advancement
The Nord Center
6140 S Broadway, Lorain, OH 44053
or e-mail to bkamm@nordcenter.org
or fax to (440) 204-4185.