

THE INAUGURATION OF
DR. JARED R. TICE
18TH PRESIDENT OF CAPITAL UNIVERSITY

FRIDAY, APRIL 10, 2026
MEES HALL
THE CONSERVATORY OF MUSIC

Capital University

Sponsorship Form

Yes, we will join Capital University in supporting the Presidential Excellence Fund by committing our sponsorship to advance the university's strategic initiatives!

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sponsorship Tiers

Platinum Sponsor - \$10,000

- Premier Seating at gala and VIP Reception (8 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website
- Recognition in all event marketing

Reception Sponsor - \$8,000

- Premier Seating at gala and VIP Reception (8 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website
- Recognition in all event marketing

Purple Sponsor - \$5,000

- Admission to gala event (8 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website

Comet Sponsor - \$2,500

- Admission to gala event (8 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website

Inauguration Sponsor - \$1,000

- Admission to gala event (4 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website

Week Sponsor - \$500

- Admission to gala event (2 seats)
- Recognition in all event media and promotion
- Name/logo to appear on screen during events
- Name/logo listing on Capital University website

Individual Ticket Sales - \$150

Number of tickets _____

I am unable to attend the celebration,
please accept a donation in the amount
of \$_____.

Enclosed is my check for \$ _____

Charge my credit card \$ _____

Card Number _____

CVV (Security Code) _____

Expiration _____

Make Checks Payable to:

Capital University
Advancement Services
1 College and Main
Columbus, OH 43209

Signature _____

Billing Zip Code _____