

2008 "A NIGHT BEHIND THE MASK" BLACK-TIE MASQUERADE GALA SPONSORSHIP CONFIRMATION FORM

Date _____ Organization _____

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Please indicate level of sponsorship:

SPONSORSHIP LEVELS

- | | | | |
|--------------------------|----------------|----------|--|
| <input type="checkbox"/> | Title Sponsor | \$25,000 | (16 reservations, \$23,464 tax-deductible) |
| <input type="checkbox"/> | Gold Sponsor | \$10,000 | (8 reservations, \$9,232 tax-deductible) |
| <input type="checkbox"/> | Silver Sponsor | \$7,500 | (8 reservations, \$6,732 tax-deductible) |
| <input type="checkbox"/> | Bronze Sponsor | \$2,500 | (4 reservations, \$2,116 tax-deductible) |

UNDERWRITING LEVELS (one available per category / 4 reservations, \$4,616 tax-deductible each)

- | | | |
|--------------------------|-----------------------|---------|
| <input type="checkbox"/> | Entertainment Sponsor | \$5,000 |
| <input type="checkbox"/> | Coat Check Sponsor | \$5,000 |
| <input type="checkbox"/> | Hospitality Sponsor | \$5,000 |
| <input type="checkbox"/> | Valet Sponsor | \$5,000 |
| <input type="checkbox"/> | Print Sponsor | \$5,000 |
| <input type="checkbox"/> | Reception Sponsor | \$5,000 |

CONTRIBUTING ADS

- | | | |
|--------------------------|--------------|-------|
| <input type="checkbox"/> | Full Page | \$750 |
| <input type="checkbox"/> | Half Page | \$500 |
| <input type="checkbox"/> | Quarter Page | \$300 |
| <input type="checkbox"/> | Eighth Page | \$100 |

DONATIONS (fully tax-deductible)

- I am unable to attend.
However, I want to support our students with a donation of \$ _____

(OVER)

RESERVATIONS

- \$2,000 Table Reservation** (8 seats, \$1,232 tax-deductible)
**Includes table signage, plus name recognition on event signage and in program book*
- \$400 Couple Reservation** (2 seats, \$208 tax-deductible)
- \$250 Individual Reservation** (1 seat, \$154 tax-deductible)

PAYMENT METHOD

TOTAL AMOUNT: \$ _____ **Quantity of Reservations:** _____

- INVOICE ME**
- CHECK** [Payable to Wayne State University School of Medicine]
- CREDIT CARD** MasterCard Visa

Credit Card # _____ Exp. Date _____

Print name as it appears on card _____

Cardholder Signature: _____

ATTENDEE NAMES [PLEASE PRINT]

Guest list will be faxed or emailed by October 3rd

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

RETURN CONFIRMATION FORM AND PAYMENT TO:

Wayne State University School of Medicine Gala
 Development & Alumni Affairs
 4201 St. Antoine, UHC-6F (Box #253)
 Detroit, MI 48201

Please also fax to (313) 577-1330 to secure your sponsorship level in advance.
 All inquiries should be directed to Pam William at (313) 577-3465 or email events@med.wayne.edu.