

Name: _____

Company: _____

Address: _____

City, State, Zip: _____ Phone: _____

E-Mail: _____ Organization/Affiliation (Ex: Propeller Club) _____



**2015 Awards Dinner
Seattle Navy League
3/18/15 6:00 PM Social Hour
Dinner @ 7:00 PM**

Yes, as a civilian member and/or supporter of the Navy League of the United States, Seattle Council – I/we would like to help sponsor the Seattle Council, Navy League “Annual Awards” Dinner. My/our donation will be:

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 Platinum Supporter | <input type="checkbox"/> \$500 Bronze Supporter |
| <input type="checkbox"/> \$1,500 Gold Supporter or Awards Sponsor | <input type="checkbox"/> \$300 ½ Table Sponsor (4 seats)* |
| <input type="checkbox"/> \$1,000 Silver Supporter | <input type="checkbox"/> \$250 Honorary Supporter |
| <input type="checkbox"/> \$ 500 Table Sponsor (8 seats)* | <input type="checkbox"/> Other _____ |

For information about benefits associated with each sponsor level, please contact: Tom Jaffa at (206) 932-3792

*Seats can include Sea Service Awardees / guests – please let us know your preference.

(RSVP with names of your civilian guests is needed – please attach)

ATTENDEES

- Yes! I plan to attend
- Myself
- Spouse/Friend – Name: _____

TOTAL ATTENDEES:

Myself _____

Spouse/Friend _____

- No, I regret I am unable to attend

Special Guests _____

Sponsored Guests:

- I/We wish to host this number of Sea Services guests: _____

Total Attendees _____ x \$50/person = \$ _____

Total Supporter Sponsorship \$ _____

TOTAL DUE \$ _____

THANK YOU!

Any amount contributed is appreciated (cost per person for dinner is \$50.)

Please make your check payable to: NLUS, Seattle Council

Mail to: NLUS, Seattle Council, Attn: D. Jaffa, PO Box 16171, Seattle, WA 98116
Your donation to this 501(c)(3) is tax deductible (above the cost of your attendance)

Please:

- Charge my credit card
- Accept my check/cash – Amount enclosed \$ _____

Credit Card Information

(If applicable)

VISA Card Number: _____

MASTERCARD Expiration Month/Year: _____/_____

Name (as shown on card): _____

Company/Organization (if applicable): _____

Phone: _____ Email: _____

Billing Address: City _____ State _____ Zip _____

Signature: _____ Today's Date: _____