Sponsorship

Sponsorship Commitment Form for A December to Remember Gala

Gold Sponsor

\$10,000

Company Name:	
Contact Name and Title:	
	Email:
rnone	EITIGII.
$^{f O}$ A check in the amount of \$	_ payable to UCI MIND is enclosed.
O Charge my Credit Card \$ O MasterCard O Visa O American Exp	
Name a see it are a see a Carrel.	
Name as it appears on Card: O Personal Credit Card O Business Credit Card	
Billing Address (if different from above): _	
	Expiration Date:
	·
Signature:	
Individual tickets will be priced at \$350.00 501 (c) (3) Non-Profit Tax ID # 95-2226406) per person.
Value of goods and services: \$1,500. Any amount exceeding the value of goods and services may be considered tax-deductible to the maximum amount allowed by law Please check this box if you wish to opt-out of the offered goods and services.	

UCI MIND A December to Remember Gala

goods and services must be paid for by personal funds.

Attention: Linda Scheck 2646 Biological Sciences III Irvine, CA 92697-4545

Questions? Call: 949-824-3251 or email: lscheck@uci.edu.



*If paying for a sponsorship from a donor-advised fund or private foundation, the equivalent value of