

Sponsorship

Sponsorship Commitment Form for A December to Remember Gala

Presenting Sponsor

\$50,000

Company Name: _____

Contact Name and Title: _____

Address: _____

City, State and Zip: _____

Phone: _____ Email: _____

A check in the amount of \$ _____ payable to UCI MIND is enclosed.

Charge my Credit Card \$ _____
 MasterCard Visa American Express

Name as it appears on Card: _____
 Personal Credit Card Business Credit Card

Billing Address (if different from above): _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Individual tickets will be priced at \$350.00 per person.
501 (c) (3) Non-Profit Tax ID # 95-2226406

Value of goods and services: \$4,500. 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.

**If paying for a sponsorship from a donor-advised fund or private foundation, the equivalent value of goods and services must be paid for by personal funds.*

UCI MIND A December to Remember Gala

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

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