Sponsorship

Sponsorship Commitment Form for A December to Remember Gala

Silver Sponsor

\$5,000

Company Name:	
Contact Name and Title:	
Address:	
City, State and Zip:	
Phone:	Email:
O A check in the amount of \$	payable to UCI MIND is enclosed.
OCharge my Credit Card \$ O MasterCard O Visa O America	 In Express
Name as it appears on Card: • Personal Credit Card • Busine	
Billing Address (if different from abov	e):
Credit Card #:	Expiration Date:
Signature:	
Individual tickets will be priced at \$3, 501 (c) (3) Non-Profit Tax ID # 95-2226	
may be considered tax-deductible t	any amount exceeding the value of goods and services to the maximum amount allowed by law opt-out of the offered goods and services.
*If paying for a sponsorship from a done	or-advised fund or private foundation, the equivalent value of

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.

