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**

- Title Sponsor $25,000 (16 reservations, $23,464 tax-deductible)
- Gold Sponsor $10,000 (8 reservations, $9,232 tax-deductible)
- Silver Sponsor $7,500 (8 reservations, $6,732 tax-deductible)
- Bronze Sponsor $2,500 (4 reservations, $2,116 tax-deductible)

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

- Entertainment Sponsor $5,000
- Coat Check Sponsor $5,000
- Hospitality Sponsor $5,000
- Valet Sponsor $5,000
- Print Sponsor $5,000
- Reception Sponsor $5,000

**CONTRIBUTING ADS**

- Full Page $750
- Half Page $500
- Quarter Page $300
- 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.