

Please Reply by January 28, 2005

NAME

COMPANY (Please indicate which name you prefer to have listed in gala materials and print the name **exactly** as you would like it to appear.)

ADDRESS

CITY STATE ZIP

DAY PHONE EVENING PHONE

EMAIL FAX

Enclosed is my check for \$_____, made payable to PCRM.

Please charge \$_____ to my:

Visa Mastercard Discover

ACCOUNT NAME

SIGNATURE

ACCOUNT NUMBER EXP. DATE

Our guests will be: (please print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(If you are a National Presenting Sponsor or Co-sponsor, please put additional names on the back of the form.)

National Presenting Sponsor

\$50,000

- Four (4) tables of ten in front row Donors Circle
- Full page color logo/ad in program, back cover
- Name in title of show
- Invitation for 20 to special VIP events
- And much more (please see enclosed summary)

National Co-Sponsor

\$25,000

- Two (2) tables of ten in Sponsors Circle
- Full page color logo/ad in program book
- Name in title of show
- Invitation for 15 to special VIP events
- And much more (please see enclosed summary)

Patron

\$15,000

- One (1) table of ten in Sponsors Circle
- Full page color logo/ad in program book
- Invitation for ten to special VIP events
- And much more (please see enclosed summary)

Supporter

\$5,000

- One (1) table of ten in preferred seating area
- Full page black/white logo/ad in program book
- Invitation for five to special VIP events
- And much more (please see enclosed summary)

Table Host

\$2,500

- One (1) table of ten
- Name listed in program book
- Invitation for two to special VIP events
- And much more (please see enclosed summary)

Individual Ticket

\$250

Note: All donations are tax deductible less the value of any goods or services received.