



63rd Anniversary Brotherhood/Sisterhood Awards Dinner
Thursday, March 9, 2017
Honoring

H-E-B
Angeles Valenciano

Judy Lackritz
"The Molak Family and David's Legacy Foundation"

Sponsor Reservation Form

Name _____

Company _____

Address _____ City/State/Zip Code _____

Telephone _____ E-mail _____

Contact Person _____

SPONSORSHIP LEVELS (Tables Seat 10)

__ \$25,000 PRESENTING SPONSOR (only one available): 1 table with preferred seating, full page back cover ad and listing in the dinner tribute book, premium recognition in all dinner advertising as the Presenting Sponsor, listing on the UCSA website and newsletter

__ \$10,000 LEADERSHIP SPONSOR (only two available): 1 table with preferred seating, full page inside front cover or inside back cover ad and listing in the dinner tribute book, premium recognition in all dinner advertising as a Leadership Sponsor, listing on the UCSA website and newsletter

__ \$5,000 FOUNDER SPONSOR (only seven available): 1 table with prominent seating, full page ad and listing in the dinner tribute book, recognition in all dinner advertising as a Founder Sponsor, listing on the UCSA website and newsletter

__ \$2,500 SILVER SPONSOR: 1 table with prominent seating, half page ad and listing in the dinner tribute book, recognition in all dinner advertising as a Silver Sponsor, listing on the UCSA website and newsletter

__ \$1,750 BRONZE SPONSOR: 1 table, quarter page ad and listing in the dinner tribute book, recognition in all dinner advertising as a Bronze Sponsor, listing on the UCSA website and newsletter

__ \$175 Individual Ticket

__ I/We are unable to attend but would like to make a donation in the amount of \$ _____ to be used (Please check appropriate area) ___ to support UCSA Youth Programs ___ in honor of _____

Please return Check or Credit Card Information for Payment & Reservation to:

UCSA 3363 E. Commerce, #136 San Antonio, TX 78220

Payment required before dinner

Credit Card Type (check one): Visa MasterCard Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____ 3-digit code on back: _____ AmEx 4-digit code on front: _____

Name of cardholder exactly as it appears on card: _____

Billing Address: Street: _____ City/State/Zip: _____

Signature of Member/Cardholder (required): _____