

**64th Anniversary Brotherhood/Sisterhood Awards Fundraising Dinner**  
**Thursday, March 8, 2018**                      **The Witte Museum Mays Family Center**

**HONORING**

**Joseph Dubrof**  
**Priscilla Hill-Ardoin**

**Pedro Martinez**  
**Revs. Mary and Doug Earle**

**HONORARY DINNER CHAIRS**

**Barbara and Alan Dreeben**

**Tena and Jim Gorman**

**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, recognition at the dinner and 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, recognition at the dinner and in all advertising as a Leadership Sponsor, listing on the UCSA website and newsletter

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

\_\_\_ \$2,500 SILVER SPONSOR: 1 table with prominent seating, recognition at the dinner and in all dinner advertising as a Silver Sponsor, listing on the UCSA website and newsletter

\_\_\_ \$1,750 BRONZE SPONSOR: 1 table, recognition at the dinner and 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): \_\_\_\_\_