

BERKELEY COMMUNITY FUND

**Seventeenth Annual Awards Dinner
October 21, 2010
H's Lordships, Berkeley Marina**

I/we are pleased to join the Berkeley Community Fund in celebrating the achievements of outstanding individuals and organizations making a difference in Berkeley, by sponsoring a table at the Seventeenth Annual Awards Dinner.

4-Year Named Scholarship

\$ 16,000

A four year scholarship to be named by you. Can be paid in full or in annual installments of \$4,000.

Benefactor

\$5,000

Recognition in the Awards Dinner invitation and program. A prominently located, named table with **ten** tickets for your use or to be given to local community members or volunteers in your name. (Tax deductible, less cost of tickets you elect to use.)

Sponsor

\$2,500

Recognition in the Awards Dinner invitation and program. A named table with **eight** tickets for your use or to be given to local community members or volunteers in your name. (Tax deductible, less cost of tickets you elect to use.)

Patron

\$1,000

Recognition in the Awards Dinner invitation and program. A named table with **six** tickets for your use or to be given to local community members or volunteers in your name. (Tax deductible, less cost of tickets you elect to use.)

Community Supporter

\$300

Recognition in the Awards Dinner program. **Two** tickets for your use or to be given to local community **members** or volunteers in your name. (Tax deductible, less cost of tickets you elect to use.)

- I/We request ___ tickets associated with our sponsorship level
- I/We request ___ additional tickets at \$75 each
- I/We will donate ___ tickets associated with our sponsorship to community members or volunteers.
- Enclosed is a check payable to *Berkeley Community Fund*
- Please charge my credit card: Visa MasterCard American Express Discover
Name as it appears on the card: _____
Credit card #: _____ Exp. Date: _____
Billing address: _____
Credit card authorization signature _____

I would like my/our name(s) to appear as follows: _____

To be recognized in the program only, please return this form or call before September 1st.

Contact person: _____

Company name (if applicable): _____

Mailing Address: _____

Telephone and email: _____