

# 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 14<sup>th</sup>.**

Contact person: \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_