

# THANK YOU

FOR BEING

## HOPELESSLY DEVOTED TO BANISHING PROSTATE CANCER!

BENEFITING GIFT OF LIFE  
MEN'S HEALTH AND PROSTATE CANCER PROGRAM



### SPONSORSHIP RESPONSE



**\$ 50,000 FABULOUS FAIR**  
 **YES!** I (we) want to participate as a **Sponsor**  
2 reserved tables for **24** guests



**\$ 5,000 PERFECT PAJAMA PARTY**  
 **YES!** I (we) want to participate as a **Sponsor**  
8 event tickets (reserved seating)



**\$ 25,000 SWEET SUMMER NIGHTS**  
 **YES!** I (we) want to participate as a **Sponsor**  
2 reserved tables for **20** guests



**\$ 2,500 THRILLING THUNDER ROAD**  
 **YES!** I (we) want to participate as a **Sponsor**  
6 event tickets (reserved seating)



**\$ 15,000 DREAMY DRIVE-IN**  
 **YES!** I (we) want to participate as a **Sponsor**  
1 reserved tables for **12** guests



**\$ 1,000 ROCKIN' RYDELL**  
 **YES!** I (we) want to participate as a **Sponsor**  
4 event tickets (open seating)



**\$ 10,000 SWELL SODA SHOP**  
 **YES!** I (we) want to participate as a **Sponsor**  
1 reserved tables for **10** guests



**\$ 500 DARING DANCE-A-THON**  
 **YES!** I (we) want to participate as a **Sponsor**  
2 event tickets (open seating)

### TICKET RESPONSE

**YES!** I (we) would like to purchase \_\_\_\_\_ ticket(s) at **\$150 each**  
(Each ticket admits one person and has a tax-deductible value of \$85.)

I cannot attend but would like to purchase \_\_\_\_\_ ticket(s) at **\$150 each** and donate my ticket(s) to prostate cancer survivor(s).

I cannot attend but would like to make a contribution of \$ \_\_\_\_\_

In Honor of \_\_\_\_\_ or in Memory of \_\_\_\_\_

Honorees :  Barbara Phillips  Mark Porterie, EdD  Verna Rutherford  Don Shaver  Santos Soberon, MD  
Honorary Chairs :  Pat Avery  John Fowler, MD  Sam Monroe, Hon. LLD  Chief James P. Singletary

**SPONSORSHIP LISTING** (Please print how you would like your name/or company name to appear in all event publicity)

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO GIFT OF LIFE PROGRAM**

PLEASE CHARGE \$ \_\_\_\_\_ TO MY  VISA  MASTER  DISCOVER  AMERICAN EXPRESS  
CARD # \_\_\_\_\_ EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_



**PLEASE RETURN THIS FORM TODAY TO BE LISTED IN THE EVENT INVITATION**  
FAX 409.833.2662 • EMAIL: info@giftoflifebmt.org • OFFICE: 409.833.3663 • giftoflifebmt.org