

Gala Sponsorship & Advertisement Form

SIVE School of Nursing

Sponsorship:

Autho	rized Signature			
Name as it appears on card			CVV Code	
Card Number			Exp. Date	
10			\$ Amount	
Ома	asterCard O Visa O AmEx	Discover		
O Ch	eck enclosed, payable to SIUE Foundation	1		
Phone	Phone Number Email Address			
City		State	Zip	
Addre	ss			
	ization Name ct Name		Title	
<u>Pa</u> ym	ent Information			
Ō	Quarter Page Ad (2.125" x 2.75")	\$100		
Ō	Half Page Ad (4.25" x 5.5")	\$250		
0	Full Page Ad (8.5" x 11")	\$500		
Cong	ratulatory Advertisement (100% de	eductible)		
\circ	Individual Ticket	\$75 (\$20 is	s tax deductible)# of tickets	
\circ	Friend of Nursing Sponsor	\$350 (\$300	0 is tax deductible)	
Ŏ	Nursing Excellence Sponsor	\$750 (\$100	0 is tax deductible)	
$\tilde{0}$	Dean's Sponsor	\$1,500 (\$2	200 is tax deductible)	
\cap	50 th Anniversary Sponsor	\$3,500 (\$8	300 is tax deductible)	
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Please mail to SIUE School of Nursing, Attn: Kris Heather, Alumni Hall, Box 1066, Edwardsville, IL 62026. Please provide advertisement copy in PDF format to kheathe@siue.edu. You may also find this form online at siue.edu/nursing/gala.shtml.

Deadline: August 2, 2013