

Co-Chairs: Irene Skor & Lauren Temple

Please **print** all names legibly and **exactly** as they would appear in all publications.

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> \$1,500 | Dale Evans Table – Premier seating
(table for 10) | <input type="checkbox"/> \$500 | Calamity Jane Table
(table for 10) |
| <input type="checkbox"/> \$750 | Annie Oakley Table - Premium seating
(table for 10) | <input type="checkbox"/> \$50 | Belle Star -Individual Ticket
_____ (QTY) \$ _____ (TOTAL) |

- I would like to serve on the Honorary Committee for Kathy Stevens.
 Enclosed is my honorary donation of \$ _____.

Note: Seating will be assigned according to the date of receipt of payment. Payment is due on or before September 1, 2010.

If seated at a dutch treat table, please indicate table name: _____

Donor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____

Email Address: _____

Contact Name: _____ Title: _____ Phone Number: (____) _____

- I would** **I would not** like my name/company to appear in event publications.

Special Sponsorship Opportunities

All sponsors will receive recognition at the event.

- | | |
|--|---|
| <input type="checkbox"/> Invitation Sponsors \$1,250 (2 opportunities)
Recognition on invitation, luncheon program & sponsor sign | <input type="checkbox"/> Luncheon Sponsors \$500 (10 opportunities)
Recognition in luncheon program & sponsor sign |
| <input type="checkbox"/> Runway Sponsor \$600
Recognition in luncheon program & sponsor sign | <input type="checkbox"/> Valet Sponsor SOLD
Recognition in luncheon program & valet sign |
| <input type="checkbox"/> Decoration Sponsor \$500
Recognition in luncheon program & sponsor sign | <input type="checkbox"/> Entertainment Sponsor \$300
Recognition in luncheon program |
| <input type="checkbox"/> Program Sponsor SOLD
Recognition in luncheon program | |

METHOD OF PAYMENT

CHECKS PREFERRED CHECK ENCLOSED, PAYABLE TO NAM INVOICE ME CREDIT CARD VISA MC AMEX

CARD # _____ EXP _____ / _____

NAME ON CARD: _____

SIGNATURE: _____

OFFICE USE:
 DATE:
 RECEIPT: