

Company Name:

Address:

Name:



## **FRIDAY, APRIL 17, 2015**

## TO PURCHASE TICKETS ONLINE, GO TO WWW.UAB.EDU/MHRC

City:	State:	Zip:_	
Daytime Phone:			
E-mail:			
SPONSORSHIP LEVELS			
☐ Presenting Sponsor			\$25,000
□ Catalysts □ Advocates			\$15,000
☐ Advocates			\$10,000
☐ Partners			\$5,000
☐ Supporters			\$3,000
☐ Individual Ticket:	_# of tickets		\$150
No tickets will be mailed. Tables seat 1	0 guests. Please lis	t names of g	uests on the reverse side.
We prefer to make a tax-dedu the UAB MHRC.	ctible* gift of S	\$	to support
Total:	☐ Payment E	nclosed	☐ Please Invoice
Please call (205) 934-7406 if y □ This is a pledge, to be paid			
Mail to: Wynn Springer The University of Alabama at E 1808 7th Avenue South   Birm			

\*The non-deductible portion of each ticket is \$50. UAB qualifies as a 501(c) 3 organization; documentation is available upon request. UAB's federal tax number is 63-6005396; a W-9 form is available upon request.

See reverse side of card for method of payment

## METHOD OF PAYMENT

☐ Check (payable to UAB MHRC)
☐ Credit Card:VisaMastercardAmExDiscover
Card number:
Name as it appears on the card:
Billing address:
Expiration date:
Signature:
Names of guests attending:

Thank you for your support of the UAB MHRC.