

The University of Scranton
PRESIDENT'S BUSINESS COUNCIL
Eleventh Annual Award Dinner

Thursday, October 4, 2012

PLEASE RESERVE THE FOLLOWING:

- Honoree's Circle Package** \$35,000
 - Table of ten with VIP seating • Recognition as Honorary Dinner Chair
 - Gold Section ad in dinner program • "Honoree's Circle" listing in dinner program
- Benefactor Package** \$25,000
 - Table of ten with premier seating • Silver Section ad in dinner program
 - "Benefactors" listing in dinner program
- Patron Package**..... \$15,000
 - Table of ten with prime seating • "Patrons" listing in dinner program
- Sponsor Package** \$10,000
 - Table of ten with select seating • "Sponsors" listing in dinner program
- Partner Package**..... \$7,500
 - Table of ten • "Partners" listing in dinner program
- Individual Ticket** (limited availability)..... \$750
 - One ticket to the reception and dinner • Classes of 2002-2012: \$375 per ticket
- Contribution**..... \$ _____
 I am unable to attend, but I am pleased to enclose my tax-deductible contribution.
- Program Advertising**

FULL-PAGE COLOR ADS	BLACK & WHITE ADS
<input type="radio"/> Inside Covers\$5,000	<input type="radio"/> Purple Section, full page\$2,000
<input type="radio"/> Gold Section.....\$4,000	<input type="radio"/> Purple Section, half page\$1,000
<input type="radio"/> Silver Section.....\$3,000	

Contributions support the Presidential Scholarship Endowment Fund at The University of Scranton and are fully tax-deductible to the extent allowed by law; the non-deductible portion of each dinner ticket is \$260.

FOR INCLUSION IN THE DINNER PROGRAM, PLEASE REPLY BY SEPTEMBER 10, 2012.

For further information, contact Carla Capone at the New York Benefit Office,
 (212) 213-1166 or carla@carlacapone.com

(Please see reverse)

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Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

PAYMENT

Enclosed is my check for \$_____, payable to "The University of Scranton."

Please send an invoice for \$_____.

Please charge my payment to: Am. Ex. MasterCard Visa Discover

Card Number _____

Expiration Date _____

Signature _____

My company or my spouse's company will match this gift.
The necessary forms are enclosed.

SEATING LIST

If available at the time of your reservation, please list in the spaces provided below the names of the guests who will be attending the dinner.

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____