



24th ANNUAL LUNCHEON
Thursday, October 29, 2009 at the Hilton Anatole, Trinity Hall
Featuring: Gail Collins
Luncheon Chair: Ashlee Kleinert

INDIVIDUAL PATRONAGE CONTRACT

<input type="checkbox"/> Crystal Patron \$25,000 Recognition in Sponsor Thank-you ad Signage at the luncheon 2 VIP table for 10 at the luncheon 20 attendees at VIP pre-luncheon reception Recognition in luncheon program and invitation	<input type="checkbox"/> Diamond Patron \$15,000 Recognition in Sponsor Thank-you ad Signage at the luncheon 1 VIP table for 10 at the luncheon 10 attendees at VIP pre-luncheon reception Recognition in luncheon program and invitation
<input type="checkbox"/> Emerald Patron \$10,000 Recognition in Sponsor Thank-you ad Signage at the luncheon 1 VIP table for 10 at the luncheon 4 attendees at VIP pre-luncheon reception Recognition in luncheon program and invitation	<input type="checkbox"/> Gold Patron \$5,000 Recognition in Sponsor Thank-you ad 1 table for 10 at the luncheon 2 attendees at VIP pre-luncheon reception Recognition in luncheon program
<input type="checkbox"/> Silver Patron \$2,500 1 table for 10 at the luncheon 2 attendees at VIP pre-luncheon reception Recognition in luncheon program	<input type="checkbox"/> Ruby Patron \$1,500 1 table for 10 at the luncheon Recognition in luncheon program

Name (Ms./Mr./Mrs.): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____ Fax: (____) _____

Name as you wish it to appear in the program: _____

Payment Method: Payee Name _____

- ___ Enclosed is my check made payable to Dallas Women's Foundation.
 - ___ Please invoice the entire amount on this date: _____
 - ___ Dutch Treat Table: _____ Table Host
- Description and terms of Dutch Treat Table on reverse side of contract.

___ Charge my credit card: _____ Visa _____ Mastercard _____ American Express

Card No. _____ Expiration Date _____

Name on card _____ Signature: _____

I wish to decline the following benefits:

- ___ Recognition in print materials
- ___ Invitations to Patron Party
- ___ Invitations to Pre-luncheon Reception
- ___ Table at Luncheon

I am unable to attend the luncheon but would like to make a donation to the Dallas Women's Foundation in the amount of _____.

Thank you for your generous support.
 Payment and print deadline for invitation is October 1, 2009.
 Please mail, fax or email a copy of this contract along with payment to:
 Luncheon Committee, Dallas Women's Foundation
 4300 MacArthur Ave, Ste 255
 Dallas, Texas 75209
 Phone: 214-965-9977 Fax: 214-526-3633
 www.dallaswomensfoundation.org chood@dallaswomensfoundation.org

The fair market value of each ticket is \$30. Reservations must be made in advance - no tickets will be mailed.

Dutch Treat Tables:

If your guests will be paying for their tickets, please note on this contract that the table is Dutch Treat. List your name as table host. Please send all your guests' names, addresses and payments at ***one time*** – with a copy of this contract (or with the reply card included in the event invitation). All Dutch Treat table payments are due no later than September 30th. Thank you!

Table Host

Name: _____ Phone: _____

Address: _____ City: _____ ST _____

Guests

2. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

3. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

4. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

5. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

6. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

7. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

8. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

9. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

10. Name: _____ Phone: _____

Address: _____ City: _____ ST _____

Single Tickets:

Individual seats are available for purchase for \$150. Please mail, fax or email your name, addresses and payment to the Dallas Women's Foundation or chood@dallaswomensfoundation.org.