

Southwest Jewish Congress 2011 Flame of Honor Awards Dinner

DINNER COMMITTEE MEMBERS SPONSOR LEVELS

(All dinner committee levels include a full page in the Tribute Journal and invitation to a private reception. Platinum through Benefactor levels include logo and link on our website.)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> PLATINUM - \$25,000
(includes 30 dinner tickets) | <input type="checkbox"/> GOLD - \$20,000
(includes 20 dinner tickets) | <input type="checkbox"/> SILVER - \$15,000
(includes 15 dinner tickets) | <input type="checkbox"/> BRONZE - \$10,000
(includes 10 dinner tickets) |
| <input type="checkbox"/> BENEFACTOR - \$5,000
(includes 8 dinner tickets) | <input type="checkbox"/> TRUSTEE - \$3,500
(includes 6 dinner tickets) | <input type="checkbox"/> CONTRIBUTOR - \$2,500
(includes 4 dinner tickets) | <input type="checkbox"/> FRIEND - \$1,500
(includes 2 dinner tickets) |

TRIBUTE JOURNAL ADS ONLY

Copy Deadline: October 26, 2011

Send ad/message by fax: 214-361-8377, or email (text or PDF/JPG) to susan@swjc.org

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> FULL PAGE
\$1000
4 1/2" x 7 1/2" | <input type="checkbox"/> HALF PAGE
\$750
4 1/2" x 3 3/4" | <input type="checkbox"/> QUARTER PAGE
\$500
4 1/2" x 1 7/8" | <input type="checkbox"/> EIGHTH PAGE
\$200
2 1/4" x 1 7/8" |
|---|--|---|--|

Please write your ad/congratulatory message: _____

DINNER OPTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> TABLE HOST - \$2,500 <ul style="list-style-type: none">• Coordinate purchase of 10 seats at \$250 per person• Name listed in Tribute Journal• Invitation for 2 to private reception | <input type="checkbox"/> DINNER TICKETS - \$250 <p>Please hold _____ dinner tickets at \$250 each.</p> | <input type="checkbox"/> CONTRIBUTION <p>I/We regret that we can not attend, but would like to make a contribution of \$ _____ in honor of:</p> <p>_____</p> |
|---|---|---|

PLEASE RSVP FOR DINNER BY NOVEMBER 3, 2011

(over)

Visa MasterCard American Express Discover Credit Card No. _____ Exp Date ____/____

Name on credit card _____ Authorized signature _____

Billing address if different from below _____

Amount to bill to credit card \$ _____ Check made payable to Southwest Jewish Congress in the amount of \$ _____

Company _____ Contact Name _____

Address/City/ST/Zip _____

Ph (h) _____ Ph (w) _____ Fax _____ Cell _____

Email _____

Please mail this completed form to: Southwest Jewish Congress, 11311 N Central Expy Ste 300, Dallas, TX 75243.
SWJC is a Texas 501(c)(3) nonprofit corporation. The amount of your contribution is tax deductible to the extent allowed by law.
The good faith value of goods and services received is \$75 for each dinner reservation used.
Dinner reservations will be held at the door with name tags. For more information call 214-361-0018.