



www.staracademy.org

**Star Academy Gala
UNDERWRITING OPPORTUNITIES**

Corporate and Individual

March 17, 2012 Event

501 c (3) Tax Exempt Organization ID # 68-0221149

*As an underwriter you will receive recognition for your support
and enjoy the satisfaction of knowing you are helping children with learning differences succeed.*

	LEVELS	PRICE
Please reserve _____	GOLD STAR Includes 10 tickets to the Event <i>Permanent</i> recognition on the <i>Major</i> Donor Wall at Star Academy Name printed in invitation (if received by 1/15/12) Premier listing in gala program, including corporate logo Name and or/corporate logo on Star Academy website (Gala section) for one year Signage at event, special reserved event seating & premium wine on table Oral recognition at the event by Board President	\$5,000 (\$4,250 tax deductible)
Please reserve _____	SILVER STAR Includes 5 tickets to the Event Recognition for one year on the Donor Wall at Star Academy Name printed in invitation (if received by 1/15/12) Listing in gala program at the event Signage at event, special reserved event seating & premium wine on table Oral recognition at the event by Board President	\$2,500 (\$2,125 tax deductible)
Please reserve _____	BRONZE STAR Includes 2 tickets to the Event Name printed in invitation (if received by 1/15/12) Listing in gala program at the event	\$1,000 (\$850 tax deductible)
Please reserve _____	FRIEND OF STAR Includes 1 ticket to the Event Listing in gala program at the event	\$500 (\$425 tax deductible)

UNDERWRITER INFORMATION *(Please include complete name & address, including zip code)*

Name (as you would like it to appear publicly in the printed event invitation): _____

Address: _____ Phone: _____

Email: _____

To help us plan, please indicate how you will use your tickets:

_____ *I will use all of my tickets!*

_____ *I will not use my tickets*

_____ *I will use some of my tickets* _____ *(indicate how many)*

(Donation 100% deductible)

Guest Names: _____

Pay by Credit Card.

Please accept payment in full, by: _____ *Master Card* _____ *Visa*

Card Number: _____

Expiration Date: _____ CSV#: _____

Signature: _____

Pay By Check *(payable to Star Academy)*

Please send to:

Star Academy
Attn: Susan MacKay Sweeney
4470 Redwood Highway
San Rafael, CA 94903

Completed Forms may be mailed or faxed to Susan MacKay Sweeney at Star Academy. Fax: (415) 456-2092. Thank you!