



1ST ANNUAL AMERICAN INDIAN LANGUAGE DEVELOPMENT INSTITUTE BENEFIT DINNER 4/21/09

YES, I will attend the 1st Annual AILDI Benefit Dinner.*

- I am a student at _____ & would like to purchase ___ **student ticket(s)** at \$75 per ticket. (\$50 is tax-deductible per ticket)
- I am from _____ Indigenous community & would like to purchase ___ **Indigenous community member ticket(s)** at \$75 per ticket. (\$50 is tax-deductible per ticket)
- I would like to purchase ___ **general admission ticket(s)** at \$100 per ticket. (\$75 is tax-deductible per ticket)

I would like to be a:

- Documentation Sponsor** (\$500-\$2,499) includes priority dinner seating for 2, sponsor-level acknowledgement, quarter-page black & white advertisement in the dinner program, and recognition on AILDI website and other promotional materials. (Donations above \$150 are tax-deductible)
- Revitalization Sponsor** (\$2,500-\$4,999) includes priority dinner seating for 4, sponsor-level acknowledgement, half-page black & white advertisement in the dinner program, and recognition on AILDI website and other promotional materials. (Donations above \$300 are tax-deductible)
- Preservation Sponsor** (\$5,000-\$9,999) includes priority dinner seating for 6, sponsor-level acknowledgement, full-page black & white advertisement in the dinner program, and recognition on AILDI website and other promotional materials. (Donations above \$450 are tax-deductible)
- Stabilization Sponsor** (\$10,000+) includes priority dinner seating for 8, sponsor-level, acknowledgement, full-page black & white advertisement in the dinner program, and recognition on AILDI website and other promotional materials. (Donations above \$500 are tax-deductible)

NO, I cannot attend, but wish to make the following contribution of \$_____. (Fully tax-deductible)

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 E-mail: _____

I have enclosed a check in the amount of \$_____. Please make payable to the *University of Arizona Foundation*.

Please bill my credit card in the amount of \$_____.

VISA MC AMEX

Card # _____ Exp. Date _____

Name on Card (print) _____

Signature _____ Date _____

RSVP and print ready advertisements are due no later than March 2, 2009 for inclusion in our program.

Please list the names of attendees.

- | | |
|----------|---|
| 1. _____ | Check box for
Vegan Meal
<input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> |
| 8. _____ | <input type="checkbox"/> |

If you need to list additional attendees, please use back of sheet.

_____ I would like to donate my unused ticket(s) to a former AILDI student(s)? _____ # tickets



***Contributions greater than the amount of value received are tax-deductible to the extent permitted by law.**