WASHINGTON
ADVENTIST UNIVERSITY

# Inaugural Visionaries Gala Response Card

❑ **Platinum - $12,000**
One table at the gala, seating 10 guests, recognition through a full-page advertisement in the program booklet, continued recognition with advertising space for one year in *The Gateway*

❑ **Gold - $10,000**
One table at the gala, seating 10 guests, recognition through a full-page advertisement in the program booklet

❑ **Silver - $7,500**
Seven seats for guests at the gala, recognition through a half-page advertisement in the program booklet

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❑ **Bronze - $5,000**
Five seats for guests at the gala, recognition through a half-page advertisement in the program booklet

❑ **Table (seats 10) - $3,000;** number of tables purchased: _____

❑ **Individual attending - $325**; number of tickets: _____

❑ **Couple attending - $600**

❑ *I cannot attend, but I would like to make a donation of $* _____

❑ My contribution is made in honor/memory of: _____

❑ My employer has a matching gift program.
Employer:_____

**Total Amount:** $_____

*(over)*

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# *Inaugural Visionaries Gala Response Card*

Name of Sponsoring Individual or Organization *(for Gala Program listing)*:

_____

1. *(Host)*_____ ❑ Vegetarian ❑ Fish ❑ Poultry

**YOUR GUESTS NAMES** *(Title, first name, last name)*

2. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
3. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
4. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
5. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
6. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
7. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
8. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
9. _____ ❑ Vegetarian ❑ Fish ❑ Poultry
10. _____ ❑ Vegetarian ❑ Fish ❑ Poultry

**Payment Information**

❑ Check enclosed payable to *Washington Adventist University*

Credit Card: ❑ Visa ❑ MasterCard ❑ AmEx ❑ Discover

Card Holder's Name:_____

Credit Card #: _____

Expiration Date:_____

Security code (3 digit for Visa, MasterCard, Discover, 4 digit for AmEx): _____

Billing Address:_____

City:_____ State:_____ Zip:_____

Phone Number: _____

E-Mail: _____

**Total Amount:** $_____

**Please return completed form in enclosed envelope to:**

*Washington Adventist University Inaugural Visionaries Gala*
Office of the President
7600 Flower Avenue, Takoma Park, MD 20912
For information contact: 301-891-4052 or President@wau.edu