

25th Anniversary Dinner Gala

That freedom, whether spiritual, intellectual, or economic, is indivisible



SPONSOR LEVELS

- Ambassador Sponsor** \$50,000
Two tables of 10 at the dinner with premier seating, two-page sponsorship recognition in printed program, 20 tickets to the sponsor reception, and optional tour of Reagan Library.* (*\$45,000 tax deductible*)
- Statesman Sponsor** \$25,000
One table of 10 at the dinner with premier seating, two-page sponsorship recognition in printed program, and 10 tickets to the sponsor reception. (*\$22,500 tax deductible*)
- Platinum Sponsor** \$10,000
One table of 10 at the dinner with premier seating, full-page sponsorship recognition in printed program, and 10 tickets to the sponsor reception. (*\$7,500 tax deductible*)
- Gold Sponsor** \$5,000
Six tickets to the dinner with priority seating, half-page sponsorship recognition in printed program, and six tickets to the sponsor reception. (*\$3,500 tax deductible*)
- Silver Sponsor** \$2,500
Four tickets to the dinner with priority seating, half-page sponsorship recognition in printed program, and four tickets to the sponsor reception. (*\$1,500 tax deductible*)

*Ambassador sponsors may schedule a private tour of the Reagan Library at a mutually agreed-upon date. Sponsorship commitments must be received by January 13, 2023 to be listed in the dinner program. A University staff member will contact you to design your sponsorship message.

TICKETS

- Please reserve ____ table(s) of 10 at dinner \$2,500 each
Guest(s): _____
- Please reserve ____ ticket(s) at dinner \$250 each
Guest(s): _____
- I am/We are unable to attend, but I would like to sponsor ____ student(s) to attend the dinner \$250 each
Name(s) of student(s) (if known): _____
- I am/We are unable to attend, but enclosed is my contribution of \$ _____. (*100 percent tax deductible*)

PAYMENT INFORMATION

- Enclosed is my check payable to **Pepperdine University** for the amount of \$ _____
- Charge my: Visa MasterCard American Express for \$ _____. Card Type: Personal Business
Card Number: _____ Exp. Date: ____ / ____ CVC: _____
Name: _____
Cardholder Name (if different from above): _____
Business Name (if applicable): _____
Billing Address: _____
City/State/ZIP: _____
Telephone: _____ Fax: _____
Email: _____