PARTICIPATION OPPORTUNITIES

Platinum Sponsor: $250,000
- Three premier tables of 10
- Sponsor cocktail reception with special guests
- Name on donor wall at the USC Institute of Urology
- Premier VIP valet parking
- Commemorative photo book
- Special recognition at gala
- Event memento

Gold Sponsor: $100,000
- Two preferred tables of 10
- Sponsor cocktail reception with special guests
- Name on donor wall at the USC Institute of Urology
- Commemorative photo book
- Special recognition at gala
- Event memento

Silver Sponsor: $50,000
- One preferred table of 10
- Name on a patient room at the USC Institute of Urology
- Special recognition at gala
- Event memento

Bronze Sponsor: $25,000
- One preferred table of 10
- Name on a lab bench at the USC Institute of Urology
- Special recognition at gala
- Event memento

Table Sponsor: $12,500
- One table of 10
- Special recognition at gala
- Event memento

Individual Ticket: $1,000

Participation levels of $25,000 and above may be paid over five years.
The fair market value of goods and services received is $150.00 per ticket.
The remainder is a donation and is tax deductible to extent allowed by law.
Tax Identification # 95-1642394

For more information, contact USC Norris Development at 323-865-0700.
RESPONSE FORM

Kindly respond by August 31, 2014 to be featured on the invitation

Platinum Sponsor ($250,000) ................................................................. $ ______________
Gold Sponsor ($100,000) ................................................................. $ ______________
Silver Sponsor ($50,000) ................................................................. $ ______________
Bronze Sponsor ($25,000) ................................................................. $ ______________
Table Sponsor ($12,500) ................................................................. $ ______________
Individual Tickets ($1,000 x _______ tickets) ............................... $ ______________
Unable to attend – I wish to make a donation in the amount of......... $ ______________
Total enclosed................................................................................ $ ______________

Please make check payable to
“USC Institute of Urology”
1441 Eastlake Avenue, Suite 8302
Los Angeles, CA 90033

Please write your name or company exactly as you wish it to appear on event materials.

Name ....................................................................................................................

Company ............................................................................................................

Address .............................................................................................................

City_________________________ State__________ Zip______________

Phone..................................................................................................................

Email ...................................................................................................................

Credit Card    □ Visa □ Mastercard □ Discover □ American Express

Credit Card #________________________________________ Expiration Date________________

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