

TUESDAY, OCTOBER 24, 2017

FAIRMONT DALLAS | 1717 N Akard St | Dallas, TX 75201 6 p.m. Cocktails | 7 p.m. Welcome & Dinner | 8 p.m. Program



The Dallas Holocaust Museum/Center for Education and Tolerance is a 501(c)3 charitable organization. Your gift is tax-deductible less the value of goods and services received.

SECTION I: SPONSORSHIP AUTHORIZATION

PONSORSHIP OPPORTUNITIES All sponsorship levels include: complimentary valet cocktail reception printe The value of benefits is \$750 for each table of 10.	ed recognition in the invitation, program book, website	e and 2017 annual report
□ DEFENDER OF HONOR: \$50,000 (Tax-Deductible Portion: \$48,500) Platinum seating for two tables of 10 (20 seats total); host recognition of one Survivor table; platinum full-page ad in the program book; platinum video screen recognition	☐ HUMANITARIAN: \$18,000 (Tax-Deductible Po VIP seating for one table of 10; gold full-pa program book; gold video screen recognition	ige ad in the
☐ TEACHER OF TOLERANCE: \$36,000 (Tax-Deductible Portion: \$35,250) Platinum seating for one table of 10; host recognition of one Survivor table; platinum full-page ad in the program book; platinum video screen recognition	☐ AMBASSADOR OF HOPE: \$10,000 (Tax-De VIP seating for one table of 10; half-page of	
☐ UPSTANDER: \$25,000 (Tax-Deductible Portion: \$24,250) Premium seating for one table of 10; premium full-page ad in the program book; premium video screen recognition O% TAX-DEDUCTIBLE DONATIONS	□ BUTTERFLY OF FREEDOM: \$5,500 (Tax-Detable of 10	eductible Portion: \$4,750)
☐ Triple Chai Holocaust Survivor Table: \$5,400 This donation underwrites		
☐ I wish to make a donation: ☐ \$180 ☐ \$250 ☐ \$360 ☐ \$500 INGLE TICKETS: \$550/each Value of Benefits: \$75; Tax Deductible Portions:	□\$1,000 □OTHER:\$	
□ Please reserve number of tickets. TOTAL: \$	¥47.5	
ECTION II: CONTACT INFORMATION		
Contact Name:		
Mailine Address	I	1
Mailing Address: STREET ADDRESS	CITY, STATE	ZIP CODE
Phone Number:		
Print		
Recognition:		☐ Anonymou
Examples: Jane and John Doe; Drs. Jane and John Doe; Jane and John	n Doe, MD; ACME Brick/Jane and John Doe; The Doe	and Brown Families
ECTION III: PAYMENT INFORMATION		
OTAL DUE: \$		
 □ Send me an invoice. Payment due by Oct. 24. □ Enclosed is a check, payable to the "Dallas Holocaust Museum". □ Payment will come from my Charitable Funds. Personal Payment: \$_ 		
Balance from Charitable Funds: \$_		
□ I authorize the Museum to charge \$ on my: □	☐ AmEx ☐ MasterCard ☐ Visa ☐ Discover	
Card Number:	Exp. Date:	

SECTION IV: IMPORTANT INFORMATION

Please return this signed contract to the Dallas Holocaust Museum/Center for Education and Tolerance

- Mail: 211 N Record Street, Suite 100, Dallas, TX 75202
- Fax: 214-747-2270

Name on Card:_

SIGNATURE

Retain a copy of this contract for your records.

*Print recognition deadlines: August 31/deadline to be listed in the invitation. October 9/deadline to be listed in the event program book. QUESTIONS? 469-399-5202 or Events@DallasHolocaustMuseum.org

Billing Zip: ___

DATE