



SUNY Downstate Medical Center Celebrate Downstate 2011

Please complete and print the form, then fax or mail as indicated below.

Seating (Seating Deadline 3/15/11)

- Tables of 10 - \$6,000 x _____ tables \$ _____
- Individual seats - \$600 x _____ seats \$ _____

Please list all those attending (including yourself) **along with any special food requests**. Include additional guest names on a separate sheet. Additions/changes may be made at any time at celebrate@downstate.edu.

Journal Options (Journal Entry Deadline 2/25/11)

(please check one)

- \$10,000 Pillar (Back Cover) *
- \$ 5,000 Benefactor (Front or Back Inside Cover)
- \$ 2,500 Sponsor (Full Color Page)
- \$ 1,500 Sustainer (Full Black & White Page)
- \$ 1,000 Friend (Half Black & White Page)
- \$ 500 Pal (Quarter Black & White Page)
- \$ 250 Roll Call (Your name will appear in the Journal)
- \$ _____ Surprise Us! Donations of any size are welcome

* Donation of \$10,000 or more entitles you to Four Gala tickets

Payment and Journal Entry Information

- To pay on-line, go to <http://downstate.kintera.org/giving/donate> and select **Celebrate Downstate** from the drop-down menu.
- Check enclosed
- Master Card Visa American Express

Credit Card No. _____
 Exp. Date _____
 Sec. Code _____
 Signature _____

Checks should be made payable to *The HSCB Foundation, Inc.* In the memo section write Account #3394. You will receive confirmation of your registration by e-mail.

Name: _____
Address: _____
Phone: _____
E-mail: _____

- Faculty Affiliation Alumnus Other

Please fax this form to (718) 270-4409 or send it with your check to:

Celebrate Downstate
SUNY Downstate Medical Center, Box 93
450 Clarkson Ave.
Brooklyn, NY 11203