

DEADLINE 9/17/2011

Name: _____

 This is a joint gift. Spouse/partner name: _____

Preferred mailing address (home/work): _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-mail (home/work): _____

METHOD OF PAYMENT

I/We prefer to pay by:

 Check enclosed, payable to: The UCLA Foundation—Art of the Brain #608240: \$ _____ Please charge \$ _____ to my credit card: Visa MC AMEX Discover

Card No: _____ Expiration Date (mm/yy): _____

Name on the card (please print): _____

 I/We are unable to attend. Please accept my donation of: \$ _____ I/We am a pre-paid sponsor, # _____ number of tickets.Tickets will be held at the door, **not mailed**. No assigned seating.For questions, please call 310.825.5074, or e-mail: neuroonc@ucla.edu

Art of the Brain, UCLA Neuro-Oncology Program 710 Westwood Plaza, Suite 1-230, Los Angeles, CA 90095

6824 SM342

SPONSORSHIP LEVELS – see invitation for benefits Presenting Sponsor \$50,000 (\$48,700)* Network Sponsor \$30,000 (\$28,900)* Life Sponsor \$25,000 (\$24,050)* Legacy Sponsor \$18,000 (\$17,275)* Courage Sponsor \$10,000 (\$9,400)* Gratitude Sponsor \$5,000 (\$4,700)***INDIVIDUAL TICKETS** Single Admission Ticket \$300 (\$250)*

If ticket purchased by September 1, 2011

Number of tickets requested: _____

 Single Admission Ticket \$325 (\$275)*

If ticket purchased after September 1, 2011

Number of tickets requested: _____

 Single Raffle Ticket \$5 (Non-gift)

Number of tickets requested: _____

* Tax-deductible amount