



16th Annual Charity Event
 Saturday, November 5, 2011
 JW Marriott • Summerlin

All proceeds to benefit: **Women's Club of Summerlin**
Dare to Dream Grant Program

PLEDGE FORM

(Please see reverse side of letter for description of opportunities)

Company Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Pledge

Sponsor Level: _____ Amount Due: \$ _____

Advertiser Level: _____ Amount Due: \$ _____

Table of 10 @ \$700 each # of tables _____ Amount Due: \$ _____

Individual Tickets @ \$75 # of tickets _____ Amount Due: \$ _____

Please use the reverse side to list attendee names and seating requests.

TOTAL AMOUNT DUE: \$ _____

Contributor Level & Item Description _____

Does your item(s) need to be picked up? _____ Value: \$ _____

Contributions are tax-deductible to the full extent of the law.

Payment Info

Paid Online at www.womensclubofsummerlin.org via Paypal

Check Enclosed (Please make checks payable to Women's Club of Summerlin.)

Visa MasterCard Credit Card Information

Card Holder Name: _____ Exp. Date: _____

Card Number: _____ 3 Digit Code: _____

Signature: _____

Please send payment to: Women's Club of Summerlin • P.O. Box 370686 • Las Vegas, NV 89137-0686

Please provide me with a copy of the Event Program.

WCS Member Name: _____