SHARE BREAKFAST mdc

mdc
making a difference in community

Date: September 18, 2012
Time: 7:30-9:00am
Location: Temple Theatre
47 St. Helens Ave-Tacoma

THANK YOU FOR YOUR SUPPORT OF THIS EVENT. PLEASE TELL US HOW YOU WISH TO PARTICIPATE AND COMPLETE THE FORM BELOW:

☐ **YES, I WANT TO BE A TABLE CAPTAIN**

☐ **SHARE Captain:** Please reserve a half table for me and four guests.

☐ **LEAD Captain:** Please reserve a full table for me and nine guests.

I will provide my name and contact information to MDC so they can mail an invitation with complete details to my guests.

☐ **YES, I PLAN TO ATTEND**

☐ Please accept ____reservation(s) for _____.
(Number) (Names of guests)

☐ My Table Captain is_____. ☐ I am a guest of the Sponsor_____.

☐ Please seat me near _____ if possible. ☐ Wheelchair access needed.

☐ **YES, I WANT TO BE A PACESETTER**

Please accept my pre-event gift to support MDC and encourage others to contribute to these vital programs. My gift/pledge is noted below:

☐ **LEAD Pacesetter** $1,000 or higher ☐ **SHARE Pacesetter** $500 ☐ **CARE Pacesetter** $250

☐ **YES, MY COMPANY WOULD LIKE TO BE A SPONSOR**

Please recognize our sponsorship at the following gift level:

☐ **Presenting Sponsor** $5,000 ☐ **Lead Sponsor** $2,500

☐ **Share Sponsor** $1,000 ☐ **Care Sponsor** $500

The contact person for coordinating the logistics of our sponsorship is noted below.

☐ **NO, I CANNOT ATTEND**

☐ Please accept my contribution of _____. ☐ I would like to learn more about MDC.

First/Last Name _____

Company Name _____

Mailing Address_____

City State Zip_____

Cell Phone _____**Email**_____

Please accept my gift/pledge of $_____.I wish to be recognized as a ☐ Pacesetter ☐ Sponsor

The recognition name for the program is: _____ ☐ Anonymous

Please accept my payment. ☐ Check payable to MDC. Please charge my ☐ Visa ☐ Mastercard

Acct. Number_____Exp. date_____

Name on Card_____Signature_____

Please accept my pledge plan

I want to start payments on_____ making _____ payments of _____.
(date) (number) (payment amount)

☐ Please charge payments to my card above. ☐ Payments will be mailed.

OFFICE USE: Date Rcvd _____ By _____ Date Entered _____ By _____ Table Number_____