



Donor Reply Form for
DREAM Institute Scholastic Awards

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The 7th Annual Power to DREAM Achiever Awards : November 16, 2010

_____ \$1000 and above. *Yes!! I want to be a **Power to DREAM “Presenting Sponsor”***

Sponsorship Includes:

- Premier Publicity
- Recognition of your sponsorship in institute publications
- 8 seats for you and your guest
- Tax-deductible Receipt

_____ \$500 *Yes!! I want to be a **Power to DREAM “Gold” Sponsor.***

Sponsorship Includes:

- Recognition of your sponsorship in publications
- 8 seats for you and your guest
- Tax-deductible Receipt

_____ \$300 *Yes!! I want to be a **Power to DREAM “Silver” Sponsor.***

Sponsorship Includes:

- Recognition of your sponsorship in publications
- 4 seats for you and your guest
- Tax-deductible Receipt

_____ \$150 *Yes!! I want to be a **Power to DREAM “Bronze” Sponsor.***

Sponsorship Includes:

- Recognition of your sponsorship in publications
- 2 seats for you and your guest
- Tax-deductible Receipt

_____ **\$50.00 Individual Ticket** Number of Seats _____

I will not be able to attend but enclosed is my contribution of \$ _____ for the DREAM Institute Scholarship Program.

Your contribution includes recognition of your sponsorship in publications.

You will also receive our bi-annual newsletter and invitations to Institute events.

Your contribution and sponsorship will help fund our annual scholarship program!

Thank you for your support!

Please return this form by November 12, 2010

CONTACT INFORMATION

(Please make sure you give us your email if you have one)

Name

Address

City

State

Zip

Phone

Email

Make checks payable to: *The DREAM Institute* The DREAM Institute has been recognized as exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code and eligible to receive tax-deductible contributions. The charitable portion of your gift, is deductible for federal income tax purposes, subject to any limitation that might otherwise apply.

PAYMENT INFORMATION

___ **Check** ___ **Bill other**

___ **Bill** ___ **Bill quarterly**

___ **Credit Card**

___ **Amount**

Credit Card Type

Credit Card Number

Expiration Date

Signature applicable if payment by credit card