



Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____ Phone: _____
 E-Mail: _____
 Organization /Affiliation: _____

2016 Fall Event Dinner
Seattle Navy League
11/30/16 5:30 PM Regist./Social
Dinner @ 6:30 PM
World Trade Center, Seattle

Yes, as a civilian member and/or supporter of the Seattle Navy League, I/we would like to help sponsor the "SNL Fall Dinner". My / our donation will be:

- \$5,000 Gold/Event Level Supporter \$2,500 Silver Level Supporter
 \$1,000 Bronze Level Supporter (buy a Table and be recognized at Bronze level)
 \$ 250 Honorary Supporter Other _____
 \$ _____ Scholarship Supporter (we suggest a \$20 minimum donation)

For information about benefits associated with each sponsor level, please contact: Tom Jaffa: jaffacotej@aol.com
**Seats can include Awardees / guests – please let us know your preference.*
(RSVP with names of your civilian guests is needed – see below)

ATTENDEES

- Yes! I plan to attend
 Myself
 Spouse/Friend – Name: _____

- No, I regret I am unable to attend, but I would like to donate (see attached donation form)

Sponsored Guests:

- I/We wish to host this number of Sea Services guests: ____

TOTAL ATTENDEES: Please register via:
<http://tinyurl.com/SNL-Fall>

Myself _____

Spouse/Friend _____

Special Guests _____

Total Attendees by Nov 23= \$55/pp = \$_____

Total Attendees after Nov 23 = \$70 pp \$_____

Total Supporter Sponsorship \$_____

TOTAL DUE : \$_____

THANK YOU!

Any amount contributed is appreciated (cost per person for Dinner is \$55 p/p)

Please make your check payable to: Seattle Navy League

Mail to: Seattle Navy League, Attn: D. Jaffa, PO Box 16171, Seattle, WA 98116

Your donation to this 501(c)(3) is tax deductible (above the cost of your attendance)

Please:

- Charge my credit card: Conference Dinner: \$_____ Accept my check/cash – Amount enclosed \$_____

Credit Card Information

(If applicable)

VISA Card Number: _____

MASTERCARD Expiration Month/Year: ____/____

Name (as shown on card): _____

Company/Organization (if applicable): _____

Phone: _____ Email: _____

Billing Address: City _____ State _____ Zip _____

Signature: _____ Today's Date: _____