



Annual Benefit 2016

CONSTITUTIONAL RIGHTS FOUNDATION | ORANGE COUNTY
MOCK TRIAL • PEER COURT • CAREER FORUM • LAW DAY • CONSTITUTION DAY

Celebrating 35 years of CRF-OC

RESERVATION AND PAYMENT FORM

Sponsorship Opportunities

- I would like to be a CRF-OC Annual Benefit Sponsor (please see Sponsorship Opportunities and Benefits)
- Annual Benefactor **\$25,000 - \$49,000** President's Council **\$10,000 - \$24,000** Leadership Circle **\$7,500 - \$9,999**
- Partner **\$3,500 - \$7,499** Advocate **\$1,000 - \$3,499** Associate **\$500 - \$999** Friend **to \$499**

Please indicate the amount of your sponsorship contribution \$ _____

Individual Tickets (Sponsorships at the Associate Level and above include tickets as described in Sponsorship Opportunities and Benefits)

- I would like to purchase _____ (qty.) supporter tickets at **\$200** each
- I would like to purchase _____ (qty.) supporter tickets at **\$100** each, as I am a
- Government/Nonprofit Employee Student
- (Discounted pricing is per person and available to government and nonprofit employees, and students + 1 guest each)*

Booklet Ads (Sponsorships at the Partner Level and above include booklet ads as described in Sponsorship Opportunities and Benefits)

- I would like to purchase an ad in the Annual Benefit Commemorative Booklet (deadline for artwork is September 30, 2016)
- Full page, color **\$750** Full page, b & w **\$500** ½ page, color **\$375** ½ page, b & w **\$250** ¼ page, b & w **\$125**

Opportunity Drawing Tickets (Visit www.crfocannualbenefit.org for description of Grand Prize Package)

- I would like to purchase _____ (qty.) tickets at \$20 each I would like to purchase _____ tickets at 10 for \$100

Make a Charitable Contribution to Help Advance CRF-OC's Mission

- I am unable to attend. Please accept my contribution in the amount of \$ _____ to help advance CRF-OC's mission

Please complete the following:

Donor's/Purchaser's name (for publication purposes; deadline for donor recognition in the Annual Benefit Commemorative Booklet is September 30, 2016)

Company _____

Address _____

Phone _____ Email _____

Name of contact person (if different from above)

The total amount of all purchases indicated above is \$ _____ to be paid as follows:

- By check made payable to CRF-OC Check is enclosed By credit card

Credit card number _____ Exp. date _____ Security code _____

Name as it appears on credit card _____

Billing address _____

Signature _____

If this is a pledge: I pledge to make full payment to CRF-OC by the following date: _____ Initials: _____

Pay online at www.crfocannualbenefit.org or mail, fax, or email your completed form to CRF-OC at:

4101 Westerly Place, Suite 101, Newport Beach, CA 92660 fax 949.679.0740 email switkin@crfoc.org

For more information, please contact CRF-OC Executive Director Shara Witkin at switkin@crfoc.org | **All tickets will be held at check-in**
Contributions in excess of the \$85 per person estimated value of goods and services provided are tax deductible in accordance with the law
CRF-OC is a registered 501(c)(3) non-profit, non-partisan education organization serving Orange County youth | Federal Tax ID #33-0068500