**TABLE SPONSOR LEVELS**

<table>
<thead>
<tr>
<th>Level</th>
<th>Sponsorship Level</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLATINUM TABLE SPONSORS $10,000</strong></td>
<td>Preferred seating for 10 guests, a $1,000 nursing student scholarship will be named in your honor and given in August 2012. You will be invited to personally present the scholarship to the recipient during the Nursing School Convocation Ceremony, receive personal recognition on the Tree of Life prominently placed in the Nursing School’s Hall of Honor.</td>
<td></td>
</tr>
<tr>
<td><strong>GOLD TABLE SPONSORS $5,000</strong></td>
<td>Preferred seating for 10 guests, a $500 nursing student scholarship will be named in your honor and given in August 2012. You will be invited to personally present the scholarship to the recipient during the Nursing School Convocation Ceremony.</td>
<td></td>
</tr>
<tr>
<td><strong>SILVER TABLE SPONSORS $2,500</strong></td>
<td>Reserved seating for 10 guests, acknowledgement of participation in all publications.</td>
<td></td>
</tr>
<tr>
<td><strong>BRONZE TABLE SPONSORS $1,200</strong></td>
<td>Reserved seating for 10 guests, acknowledgement of participation by signs and tabletop tents.</td>
<td></td>
</tr>
<tr>
<td><strong>FRIENDSHIP TABLE SPONSORS $600</strong></td>
<td>Reserved seating for 10 guests, acknowledgement of participation by signs and tabletop tents.</td>
<td></td>
</tr>
</tbody>
</table>
YES! I would like to sponsor a table for the Friends of the School of Nursing Luncheon

☐ $10,000 Platinum Sponsor  ☐ $5,000 Gold Sponsor  ☐ $2,500 Silver Sponsor
☐ $1,200 Bronze Sponsor  ☐ $600 Friendship Sponsor

☐ I am unable to be a table sponsor but I will attend the May 9th luncheon. _____ # of tickets ($60 each)
☐ I am unable to attend but would like to sponsor a student to attend the luncheon. _____ # of tickets ($60 each)
☐ I would like to support the Friends of the School of Nursing by enclosing a donation.
☐ I would like to receive information on the Living Endowment Scholarship Program to financially assist nursing students. ($500 minimum)

NAME: ____________________________________________________________________________________

MAILING ADDRESS: _______________________________________________________________________

TELEPHONE: _____________________________________________________________________________

EMAIL: ________________________________________________________________________________

☐ Enclosed is a check for $________________, payable to UT Health Science Center School of Nursing.

☐ I/We would like to pay by credit card:  ☐ Discover       ☐ Visa          ☐ MasterCard
Cardholder Name: ___________________________  Card Number: ________________________________
Digits on back of card: _______  Exp. Date: _______  Signature: ________________________________

Return this card in the envelope provided.