

Rx Around the Clock

SUNDAY, JUNE 11, 2017, 7:00PM - MIDNIGHT • MARRIOTT WARDMAN PARK, WASHINGTON D.C.



RX MIXER 2017 SPONSORSHIP COMMITMENT FORM

Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ Web Site _____

Please indicate how your name should appear for sponsorship recognition.

Limited Availability: To reserve your spot, please mark (X) for the sponsorship(s) you desire. All Premium Sponsorships and Casino Table Sponsorships include a Reserved Premium Table of ten (10) tickets.

PREMIUM SPONSORSHIPS

- _____ \$10,000 Auction Sponsor
- _____ \$10,000 Entertainment Sponsor
- _____ \$8,000 Lounge Sponsor
- _____ \$8,000 T-shirt Sponsor
- _____ \$6,500 Decorations Sponsor
- _____ \$6,500 Bar Sponsor
- _____ \$5,000 Photo Booth Sponsor

OTHER SPONSORSHIPS

- _____ \$2,000 Live Auction Pkg
- _____ \$1,000 Reverse Card Draw Pkg
- _____ \$500 Big Board Pkg
- _____ \$250 Big Board Pkg

PAYMENT CALCULATION

- \$ _____ Sponsorship subtotal
- \$ _____ Cash Donation subtotal
- \$ _____ Table Sponsorship subtotal
- \$ _____ Ticket Sales subtotal
- \$ _____ **Total Due IACP Foundation**

CASINO SPONSORSHIPS

- _____ \$3,000 Roulette Table Sponsor
- _____ \$3,000 Blackjack Table Sponsor
(Four available)
- _____ \$3,000 Texas Hold'em Table Sponsor
- _____ \$3,000 Craps Table Sponsor
- _____ \$2,500 Casino Fun Bucks Sponsor

TABLE SPONSORSHIP – \$1,750

(RESERVED TABLE OF 10 TICKETS)

- _____ # of Tables
- \$ _____ Table subtotal

INDIVIDUAL TICKETS – \$150

(Price increases on March 6 to \$175 and on May 25, 2017 to \$200)

- _____ # of Tickets
- \$ _____ Total ticket amount

Please provide names for individual tickets.

We cannot attend the Rx Mixer, but would like to donate to the Auction. Please have an auction committee member give me a call!

We cannot attend the Rx Mixer but would like to support the IACP Foundation with a donation of \$ _____

Payment: PLEASE RESPOND BY March 1, 2017 IN ORDER TO MEET PRINT DEADLINES.

Check (Please make payable to IACP Foundation.)

Credit Card (check one): Discover _____, VISA _____, MasterCard _____, AMEX _____

Credit Card Number _____ Exp. Date _____ V-Code _____

Card Holder's Name _____

Billing Address of Card _____ (if different from above)

Authorized Signature _____

Person filling out this form (if different from above) _____

Please email or fax a copy to:

IACP Foundation
Attn: Rx Mixer, Jennifer
Phone: (612) 723-3832

Fax: (763) 788-0578
Email: Jennifer@iacprx.org

Your contribution to IACP Foundation is tax--deductible to the extent permitted by law. IACP Foundation is a 501(c)(3) non--profit, charitable organization. Tax I.D. #90--0064139. In compliance with the Internal Revenue Service guidelines, all donations (minus fair market value) are tax--deductible. We estimate the fair market value of each ticket to be \$120.00 per person. The amount of your contribution that is deductible for federal income tax purposes is the difference between the cash donation given and the value of the benefits received. Please retain a copy for your tax records.