

MUTTS AND MODELS

The Fundraiser for Underprivileged Pets

2012 Purchase Form

Contact Name: _____

Company Name: _____

Address: _____

City State Zip: _____

Phone Number: _____

Email Address: _____

Cash Sponsorships:*

Presenting Sponsor	\$15,000
VIP Party Sponsor	\$ 7,500
Gold Sponsors.....	\$ 5,000
Silver Sponsors	\$ 2,500
Bronze Sponsors	\$ 1,500

Table Pricing:

Table for Eight (non-sponsor)	\$ 1,500
Table for Four (cabaret table, non-sponsor)	\$ 750

Ticket Pricing:

Front Row Runway seat.....	\$ 175
Second Row Runway seat	\$ 125
General Admission (standing)	\$ 50
VIP Party**	\$ 50
Eleven for 11 (purchase 11 tickets and get 11% off)	

Other Ways to Participate:

Strut Your Pet on the Big Screen--debut you and/or your dog's photo in the pre-event slideshow\$25/photo

Mail photo(s), including your name, pet's name and age, with this purchase form by April 30, 2012, to Brittney Parent-Williams (contact information at bottom of second page). Electronic photos can be sent to BrittneyParent-Williams@cvmf.org.

Program Ad Space—purchase ad space to be placed in the event program:***

Submit this purchase form for ad size request. You will be contacted regarding your ad space purchase.

Full page ad space.....	\$ 1,000
Half page ad space.....	\$ 500
Quarter page ad space.....	\$ 250
Eighth page ad space	\$ 125

Silent or Live Auction Items—participate by donating a silent or live auction item for the event. Complimentary tickets will be provided to our auction contributors depending on the value of the donation.

**Please refer to Sponsorship Benefits sheet for details.*

***VIP Party tickets must be purchased for each person who wishes to attend at an additional cost. Complimentary food and beverages provided.*

****A 50% discount is provided for ad space with a \$1,500 table purchase and a 25% discount is provided for ad space with a \$750 table purchase.*

2012 Purchase Form (continued)

Purchase Selection:

<input type="checkbox"/> Presenting Sponsor.....	x	\$15,000.00 = \$	_____
VIP Party Sponsor	x	\$ 7,500.00 =	\$SOLD _____
<input type="checkbox"/> Gold Sponsor	# of sponsorships _____ x	\$ 5,000.00 = \$	_____
<input type="checkbox"/> Silver Sponsor.....	# of sponsorships _____ x	\$ 2,500.00 = \$	_____
<input type="checkbox"/> Bronze Sponsor.....	# of sponsorships _____ x	\$ 1,500.00 = \$	_____
<input type="checkbox"/> Table for 8 (non-sponsor)	# of tables _____ x	\$ 1,500.00 = \$	_____
<input type="checkbox"/> Table for 4 (cabaret, non-sponsor) .	# of tables _____ x	\$ 750.00 = \$	_____
<input type="checkbox"/> Front Row Runway seat.....	# of tickets _____ x	\$ 175.00 = \$	_____
<input type="checkbox"/> Second Row Runway seat.....	# of tickets _____ x	\$ 125.00 = \$	_____
<input type="checkbox"/> General Admission (standing)	# of tickets _____ x	\$ 50.00 = \$	_____
<input type="checkbox"/> VIP Party**	# of tickets _____ x	\$ 50.00 = \$	_____
<input type="checkbox"/> Strut Your Pet on the Big Screen ...	# of pet photos _____ x	\$ 25.00 = \$	_____
<input type="checkbox"/> Non-sponsor full page program ad. # of ads***	_____ x	\$ 1,000.00 = \$	_____
<input type="checkbox"/> Non-sponsor 1/2 page program ad. # of ads***	_____ x	\$ 500.00 = \$	_____
<input type="checkbox"/> Non-sponsor 1/4 page program ad. # of ads***	_____ x	\$ 250.00 = \$	_____
<input type="checkbox"/> Non-sponsor 1/8 page program ad. # of ads***	_____ x	\$ 125.00 = \$	_____
<input type="checkbox"/> Additional donation to Harrison Memorial Animal Hospital in the amount of		\$	_____
<input type="checkbox"/> Discounts: 50% off <i>ad space</i> with purchase of 8-top table		minus (\$	_____)
25% off <i>ad space</i> with purchase of 4-top table		minus (\$	_____)
Eleven for 11 (buy 11 tickets get 11% off)		minus (\$	_____)
		Total Purchase: \$	_____

Method of Payment

- Check Enclosed (Please make payable to CVMF)
 VISA MasterCard American Express Discover

Name on card: _____ CCV#: _____

Credit Card #: _____ Exp.: _____

Contact Signature: _____

- Please send invoice.

I agree to the appropriate benefits and, in turn, will provide much-needed financial support to Harrison Memorial Animal Hospital, a program of the Colorado Veterinary Medical Foundation. An invoice for your commitment will be mailed to you at a later date and are due by April 30th, 2011.

Contact Signature: _____

Please return this form through one of the below options:

Email: BrittneyParent-Williams@cvmf.org ♦ Fax: 303.318.0450 ♦ Mail: CVMF Harrison Center for Animals
Development Department
191 Yuma Street
Denver, CO 80223

Questions contact Brittney Parent-Williams at 303.539.7638