UC Davis Immigration Law Clinic  
30th Anniversary Celebration  
Sponsorship and Donation Form

Name(s): ____________________________  King Hall Class Year: ____________

☐ I would like to remain anonymous

Company: ________________________________________________________________

Address: ________________________________________________________________

City, State Zip: __________________________________________________________

Phone: ___________________________  E-mail: ________________________________

☐ Yes, I/we would like to be a Sponsor at the 2012 Anniversary Celebration. I/We will be sponsoring at the level below:

Please PRINT CLEARLY how you or your company would like to be recognized:

________________________________________________________

☐ Platinum: $3,000 - $5,000 ($320 is not tax-deductible)  
  Benefit includes: 16 reserved seats

☐ Gold: $1,000 - $2,999 ($240 is not tax-deductible)  
  Benefit includes: 12 reserved seats

☐ Silver: $500 - $999 ($160 is not tax-deductible)  
  Benefit includes: 8 reserved seats

☐ Bronze: $101 - $499 ($80 is not tax-deductible)  
  Benefit includes: 4 reserved seats

☐ Please reserve ______ guest seat(s) at dinner | $50 each

☐ I / We wish to sponsor ______ King Hall student(s) at dinner | $50 each

☐ I / We would like to donate $_________ to support the UC Davis Immigration Law Clinic Scholarship

--------------Attendee Information--------------
(please note if you would like to donate any seat(s) to student(s))

1. __________  2. __________  3. __________  4. __________

5. __________  6. __________  7. __________  8. __________

9. __________  10. __________

--------------Additional Information on Reverse--------------

Scholarship: LS52455; Tickets: L22300V
GIFTS IN KIND

Please contact Clara Levers at Clara.Levers@doj.ca.gov if you would like to donate a Gift in Kind to the celebration.

PAYMENT INFORMATION

Total Included: $ __________ *

☐ Enclosed is a CHECK made payable to “UC REGENTS – UC Davis Immigration Law Clinic”

☐ Please charge my CREDIT CARD – information is below:

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Credit Card Number: ___________________________ Exp. Date: _______

Name on Card: ____________________________________________

Signature: ________________________________________________

* Funds raised in excess of the costs of the 30th Anniversary Celebration Event will be used to fund scholarships for students in the Immigration Clinic.