



**ORIGINS PROJECT**  
**5<sup>th</sup> Anniversary Gala Dinner Registration Form**  
**April 4, 2014 | 6:30pm | Desert Botanical Garden**

**Gala Dinner Registration FORM**

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Origins Project (OP)	OP Premier Sponsor (one)	OP Major Sponsor	OP Circle Sponsor	OP Leadership Sponsor	Individual Ticket
Payment Amount	\$15,000	\$10,000	\$5,000	\$2,000	\$150
Fair Market Value	\$ 6,520	\$1,520	\$1,370	\$1,015	\$100

I would like to sponsor \_\_\_\_\_ Premier \_\_\_\_\_ Major \_\_\_\_\_ circle \_\_\_\_\_ Leadersh \_\_\_\_\_  
(check your selection) \_\_\_\_\_ \$15,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$5,000 ip \_\_\_\_\_ \$2,000  
\_\_\_\_\_ # of tickets  
Total Enclosed \_\_\_\_\_

**Reserve Ticket(s) / seat(s) under the name of:** \_\_\_\_\_

Payment may be made by check or credit card. Please make checks **payable to the ASU FOUNDATION**.

☐ Check Enclosed ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**[Mark one]** Company Card \_\_\_\_\_ Personal Credit Card \_\_\_\_\_

**Return form with Payment to**

Cynthia Schulze  
ASU Origins Project  
Old Main, Suite 105, 400 East Tyler Mall  
P.O. Box 871902, Tempe, AZ 85287-1902

**Email:** Cynthia.schulze@asu.edu

**Phone:** (480)965-0053

**Fax:** (480)965-0090

*All funds will be deposited with the ASU Foundation for A New American University, a separate nonprofit organization that exists to support Arizona State University (ASU). Gifts in support of ASU are subject to foundation policies and fees. Due to the fair market value of benefits received, only payments in excess of fair market value may be considered a charitable contribution. Please consult your tax advisor regarding the deductibility of charitable contributions.*

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