



# AIRPORT HIGH SCHOOL EDUCATIONAL FOUNDATION

## 2017 EDUCATOR HALL OF FAME AND DISTINGUISHED ALUMNI GALA

Tuesday, April 25, 2017 at Brookland Baptist Conference Center West Columbia, SC  
Social Hour and Silent Auction at 6:00pm Dinner at 7:00pm



Event Contact Information: Michelle Johnson Administration Burkett Charities 803.461.8700 or Donny Burkett, AHSEF Board Member 803.794.3712

### Blue Eagle Sponsor

\$1,000

- Co-event Sponsor
  - 8 tickets to the Gala
  - 4 raffle tickets
  - Reserved table
  - 4 tickets to AHS Sporting Event
  - Your Business Name in the program.
  - Your Business Name placard on table.
- I will be attending Company Name: \_\_\_\_\_
- I am unable to attend but would like to make a tax deductible donation.

### Eagle Sponsor

\$600

- 8 tickets to the Gala
  - 2 tickets to AHS Sporting Event
  - 2 raffle tickets
  - Reserved table
  - Your Business Name in the program.
  - Your Business Name placard on table.
- I will be attending: Company Name \_\_\_\_\_
- I am unable to attend but would like to make a tax deductible donation.

### Gold Sponsor

\$400

- 8 tickets to the Gala
  - Your Business Name in the program
  - Reserved table
  - Your Business Name placard on table.
- I will be attending: Company Name \_\_\_\_\_
- I am unable to attend but would like to make a tax deductible donation.

### Silver Sponsor

\$225

- 4 tickets to the Gala
  - Your Business Name in the program
  - ½ Reserved table
  - Your Business Name placard on table.
- I will be attending: Company Name \_\_\_\_\_
- I am unable to attend but would like to make a tax deductible donation.

Please list table attendees' names:

Email address: \_\_\_\_\_

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Federal Tax ID #: 56-2194610

**PAYMENT INFORMATION** CIRCLE ONE: CHECK (PAYABLE TO AHSEF)    VISA    MASTERCARD

NAME ON CARD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ V CODE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

AMOUNT AUTHORIZED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**RETURN TO: AHSEF, PO BOX 3223, WEST COLUMBIA, SC 29171**

