



THIRD ANNUAL RED BALL GALA
 Caroline and Mico Rodriguez, Honorary Chairs
 Saturday, February 28, 2004
 Westin Galleria Dallas



Please accept this form as our pledge to support the ADA's annual gala, The Red Ball.

Contact Name: _____

Donor Name (Exactly as it is to appear in printed materials): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Phone: _____

Fax: _____ Email: _____

Please select your level of participation:

- Pinnacle Sponsor \$25,000**
 - ◆ Three tables of ten with Center Stage seating
 - ◆ Full page color ad in program
 - ◆ Unlimited invitations to VIP Pre-Event Reception
 - ◆ Name recognition in all printed materials and media releases
- Summit Sponsor \$15,000**
 - ◆ Two tables of ten with Exclusive seating
 - ◆ Full page black/white ad in program
 - ◆ Ten invitations to VIP Pre-Event Reception
 - ◆ Name recognition in invitation, program, and event signage
- Cure Sponsor \$10,000**
 - ◆ One table of ten with Premium seating
 - ◆ Half page black/white ad in program
 - ◆ Ten invitations to VIP Pre-Event Reception
 - ◆ Name recognition in invitation, program and event signage
- Care Sponsor \$5,000**
 - ◆ One table of ten with Preferred seating
 - ◆ Quarter page black/white ad in program
 - ◆ Four invitations to VIP Pre-Event Reception
 - ◆ Name recognition in invitation, program and event signage
- Commitment Sponsor \$2,500**
 - ◆ One table of ten, Select seating
 - ◆ Special Listing in gala program with logo
 - ◆ Name recognition in invitation, program and event signage
- Red Table Sponsor \$1,500**
 - ◆ One table of ten, Select seating
 - ◆ Name recognition in invitation, program and event signage

Payment Information	
Payable to the American Diabetes Association	
Total Amount Due \$ _____	
<input type="checkbox"/> Check # _____	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	
_____	_____
Card Number	Exp Date

Name as on card	

Signature	
<input type="checkbox"/> I(We) request this gift remain anonymous.	
<input type="checkbox"/> I(We) will not be able to attend but a donation in the amount of \$ _____ is enclosed.	

Underwriters/Sponsors Signature	Date

**Please mail or fax your completed
 Commitment Form to Benaye Wadkins
 at the American Diabetes Association at
 972/392-1366 or send by mail with payment to
 4425 W. Airport Freeway, Suite 130,
 Irving, Texas 75062.**