YOUI	RINFORMATION		
NAME/	S (written as you wish to be listed on gala materials)		
ADDRE	ess		
CITY /	STATE / ZIP		
EMAIL	AND TELEPHONE		
	I/we would like to purchase tickets at th	ne following level:	
	SPONSORSHIP LEVEL	TABLES OF TEN	SINGLE TICKETS
	VISIONARIES Premier seating and recognition	Visionary Table \$50,000 x	Visionary Ticket \$5,000 x
	CHAMPIONS Prime seating and recognition	Champion Table \$25,000 x	ChampionTicket \$2,500 x
	ENTHUSIAST General seating and recognition	Enthusiast Table \$15,000 x	Enthusiast Ticket \$1,500 x
			Individual Ticket \$500 x
	I/we cannot attend but would like to su	pport BAMPFA with a donation in	the amount of \$
	I/we would like to support BAMPFA's community of artists by underwriting \$500 Artist Ticket(s		
PAYM	MENT INFORMATION		
	Please invoice me.		
	My check is enclosed. Please make checks payable to UC Regents and mail to BAMPFA Gala, Development Office, 2120 Oxford Street #2250, Berkeley, CA 94720.		
	 To make a payment by credit card, please visit bampfa.org/gala. To charge your gift by phone, please call our office at (510) 643-3913. Please contact us for details about supporting BAMPFA via a donor-advised fund. 		

For more information, please contact Masha Berek, Director of Special Events, at bampfagala@berkeley.edu or (510) 643-3913.

THANK YOU FOR YOUR SUPPORT!