



Name (Name on Check or Payee): _____
 Mailing Address: _____
 City _____, ST _____ Zip Code _____
 E-mail Address: _____
 Telephone: _____
 Employer: _____
 Occupation: _____

Annual

BPC

Fall

Fundraiser

Renaissance Terrace Room
 2800 Coliseum Centre Drive
 Charlotte, NC
 Saturday, October 11, 2014
 11 a.m. -2 p.m.

Type of Package	Details of Package	Price	Quantity	Type of Payment Check Number/Campaign Acct Name Amount
SEATS				
INDIVIDUAL	Single Sponsor	\$65		
TABLES				
EMAIL GUEST LIST TO dee_j40@yahoo.com no later than Wednesday, October 1, 2014				
VIP Tables	10 guests on a VIP list.	\$650		
SEATS AND AD PACKAGES				
E-MAIL DIGITAL LAYOUT TO missesplace@aol.com no later Wednesday, October 1, 2014				
FRIEND	Single guest, listing in program	\$125		
BRONZE	5 guest, ¼ page ad in program	\$375		
SILVER	8 guest, ½ page ad in program	\$670		

GOLD	10 guest, VIP seating, full page ad in program	\$850		
AD PACKAGES ONLY				
E-MAIL DIGITAL LAYOUT TO missesplace@aol.com no later than October 1, 2014				
FULL PAGE AD	An opportunity to acknowledge or advertise: Upcoming Events, Congratulatory Messages, Special Thank You, Candidacy Announcements, Anniversaries, Graduations, Appreciations, Grand Openings, Facebook Groups or Pages, etc.	\$200		
½ PAGE AD		\$150		
¼ PAGE AD		\$100		
1/8 PAGE AD		\$50		
DONATIONS				
DONATIONS	<i>THANK YOU FOR YOUR SUPPORT!!</i>			

(Note: This form must accompany your payment)
All purchases must be paid from personal funds, campaign accounts or other PAC accounts)

COPY OF CHECK/PAYMENT HERE:

TO BE COMPLETED BY COMMITTEE MEMBERS FOR RECORD KEEPING

VIP TABLE GUEST LIST

Name on Table: _____ Guests:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Paid for by the Black Political Caucus of Charlotte Mecklenburg