



THE UNIVERSITY AT ALBANY FOUNDATION 2009 CITIZEN LAUREATE AWARDS

Name and/or Company *(if applicable, as you would like it to appear in program)*

Address _____

Telephone _____ Email _____

Please Reserve:

___ Sponsor Table/s @ \$2,000 *(includes eight seats, listing in program)*

___ Honorary Committee Ticket/s @ \$250 *(includes listing in program)*

___ Individual Ticket/s @ \$150

___ I/We are unable to attend but would like to honor the laureates by contributing \$ _____

Payment Information:

Enclosed is a check made payable to **The University at Albany Foundation**

Please charge my: Visa MasterCard Discover AMEX

Account Number _____

Exp. Date _____ CV# _____ Signature _____

(CV# is the last 3 digits on the signature panel, or for AMEX the 4 digits above the card number)

Please return your payment along with this card in the enclosed envelope. IRS regulations require us to inform you that your tax deductible contribution is any amount over \$75 per person.

Reservations are limited. Please respond by October 15, 2009.

For more information, call the UAlbany Office of University Events at 518-442-5310.



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• 30TH ANNIVERSARY •