

National Defense University Foundation
P.O. Box 71386
Washington, DC 20024
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www.americanpatriotaward.org



American Patriot Award Gala Office
1320 Old Chain Bridge Road, Suite 330
McLean, VA 22101
(703) 556-4336

National Defense University Foundation's
American Patriot Award
Honoring
Dr. Robert Gates, Secretary of Defense
Friday, November 5, 2010

Sponsorship Form

I/We wish to sponsor the 2010 National Defense University Foundation American Patriot Award at the following level:

- PATRIOT** (\$100,000) - *Benefits include: two premiere tables of 10, 20 guests to VIP reception, and more...*
- EAGLE** (\$50,000) - *Benefits include: one premiere table of 10, 10 guests to VIP reception, and more...*
- LIBERTY** (\$25,000) - *Benefits include: one priority table of 10, 10 guests to VIP reception, and more...*
- FREEDOM** (\$10,000) - *Benefits include: one reserved table of 10, 2 guests to VIP reception, and more...*
- Other** _____

I/We would like to purchase _____ tickets at the following level for a total of \$ _____.

- Patron Ticket(s)** (\$2,500 ea.) - *one seat for dinner, one guest to VIP reception*
- Contributor Ticket(s)** (\$1,000 ea.) - *one seat for dinner, one guest to general reception*
- Sponsor a Patriot** (\$1,000 ea.) - *host one service man or woman for dinner and reception.*

Name of Guest(s) *Please attach list, if needed:* _____

I would like to be seated with: _____

I/We are unable to attend the 2010 American Patriot Award.

Although I/we are unable to attend, we would like to make a tax-deductible contribution of \$ _____.

Name/Company/Organization

PRIMARY POINT OF CONTACT NAME (include Mr., Mrs., Ms., or Rank)

POSITION/TITLE (IF COMPANY or ORGANIZATION)

COMPANY/ORGANIZATION (IF APPLICABLE)

STREET

CITY, STATE ZIP CODE

DAYTIME PHONE

E-MAIL ADDRESS

Please return this form by mail or fax to:
National Defense University Foundation
American Patriot Award
PO Box 71386, Washington, DC 20024
(202) 685-3582 Fax

Payment method:

Check for \$ _____ enclosed.
Please make payable to NDU Foundation

Credit Card:
 VISA Mastercard American Express Discover

CARD NUMBER Exp. date

NAME ON CARD

Please Invoice: Billing Name and Address if different:

BILLING POINT OF CONTACT NAME AND TITLE

BILLING ADDRESS

CITY, STATE, ZIP

PHONE NUMBER FAX NUMBER

PLEASE NOTE: Payment in FULL is due no later than 30 days prior to the event (Oct. 6th).