

**ACLU Foundation of Oregon Liberty Dinner  
Sponsorship Form**

**March 10, 2012**

Portland Hilton  
921 SW Sixth Avenue  
Portland, Oregon

Please complete this form and return to ACLU of Oregon office by mail  
(PO Box 40585, Portland, OR 97240) or fax (503-227-6948)

**YES, I would like to reserve the following ACLU Liberty Dinner Sponsorship:**

<input type="checkbox"/>	President Sponsor	\$25,000
<input type="checkbox"/>	Justice Sponsor	\$10,000
<input type="checkbox"/>	Liberty Sponsor	\$5,000
<input type="checkbox"/>	Constitution Sponsor	\$2,500
<input type="checkbox"/>	Freedom Sponsor	\$1, 000
<input type="checkbox"/>	Torchbearer Sponsor	\$500

**I am interested in hosting a table of ten guests:**

- Table of Ten for Dinner (\$1,250)
- Table of Ten for Dinner and Reception (\$2,000)

**No, I do not wish to sponsor the ACLU Liberty Dinner but I would like to purchase an advertisement in the Dinner Program**

- Full Page (\$250)
- ½ Page (\$150)
- ¼ Page (\$80)

Name(s): \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Method:**

- I have enclosed a Check Payable to ACLU Foundation of Oregon**
- Please charge my: (Circle One)** VISA      MasterCard      American Express      Discover

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**Questions?** Contact Gail Anderson ([ganderson@aclu-or.org](mailto:ganderson@aclu-or.org)) at 503.552.2101

**Please complete list of guest names on the following page.**

**How should this table be recognized?** \_\_\_\_\_

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**Table Captain:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

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**Guests:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

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Please return guest names by March 2, 2012

