

RSVP: Magic Night 2012

Please indicate your preference below:

- **Platinum Sponsorship** **\$2,400**
 - A premium table for 12 guests at the Magic Night 26th Annual event
 - Premium seating in the ballroom
 - Full page color advertisement in the program book
 - Prominent listing of your donation in the Magic Night 2012 program book
 - Listing on UCP's website with a link to your company's website
- **Gold Sponsorship** **\$2,100**
 - A premium table for 10 guests at the Magic Night 26th Annual event
 - Full page advertisement in the program book
 - Prominent listing of your donation in the Magic Night 2012 program book
- **Silver Sponsorship** **\$1,800**
 - A table for 8 guests at the Magic Night 26th Annual event
 - Half page advertisement in the program book
 - Prominent listing of your donation in the Magic Night 2012 program book
- **Bronze Sponsorship** **\$1,500**
 - Six guests at the Magic Night 26th Annual event
 - Quarter page advertisement in the program book
 - Prominent listing of your donation in the Magic Night 2012 program book
- **Copper Sponsorship** **\$1,200**
 - Four guests at the Magic Night 26th Annual event
 - Quarter page advertisement in the program book
 - Prominent listing of your donation in the Magic Night 2012 program book
- **Friend of UCP** **\$125**
 - One guest at the Magic Night 26th Annual event

■ **I/We cannot attend**

...but choose to enclose a contribution of

\$

Please respond by Friday, March 2, 2012. To ensure your listing in the program book, kindly respond no later than February 17.

The official registration and financial information for UCP Foundation of Central PA may be obtained from the Department of State by calling toll free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement.

Name: _____
Company Name (if applicable): _____
Address: _____
City, State, & Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____

Payment Information

Enclosed please find my check in the amount of \$ _____
MAKE CHECKS PAYABLE TO UCP Foundation of Central PA. Please note, your cancelled
check confirms your reservation.

Please charge my: Visa Mastercard AmericanExpress Discover

Name on Card: _____ Exp. ____ / ____

Card #: _____ Charge Amount: \$ _____

Bill Me (*Payment must be received prior to March 1, 2012*)

For tax purposes, the fair market value of this magical evening is \$65 per person.
If you have any questions, please call Lisa Hasselbrook at 717.975.0611.

Our Magic Night table will include the following guests:

_____	_____
_____	_____
_____	_____
_____	_____

Kindly have the Magic Night Committee seat me/us
Please return completed reply card with payment preference to:

Lisa Hasselbrook
UCP Foundation of Central PA
925 Linda Lane
Camp Hill, PA 17011-6402

Email to:
lhasselbrook@ucpcentralpa.org