



Inspiring Women Gala ★★★★★ An Evening with the Stars
Saturday, October 18, 2008, 5:30 p.m.
SIUC Student Center Ballrooms & International Lounge
Reservations

Name _____ Phone _____ Email _____
 Street Address _____
 Town _____ State _____ Zip Code _____

Please list the names of those to be seated at your table. Dinner will be a beef/seafood combo. For a vegetarian entrée, check the box next to the name.

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

If any guests will require accessibility-related services, please indicate the guest's name and the service required:

Name: _____ Service: _____

You may honor inspiring women you know by purchasing a Star to be displayed at the *Gala*. Those honored may be friends, family, former teachers, employer/ees, or others such as authors, women from history, politicians, etc. Just make a \$20 donation for each woman to be honored. The woman's name will be placed on a Star that will be displayed at the *Gala*. Please print the names and addresses of the women you wish to honor. Check the "Do Not Contact" column if you do not want the woman you are honoring to be notified of this honor. If the woman is deceased, please write "Deceased" on the address line. (Use the back of this form to purchase additional Stars.)

Name	Mailing Address	Do Not Contact
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Please complete the following:

Number of reservations at \$65 per reservation	_____ reservations x \$65	= \$ _____
Number of tables of 8 with reserved seating at \$650 per table	_____ tables x \$650	= \$ _____
(Name to be displayed on each \$650 table purchased: _____)		
Number of Stars at \$20 per Star	_____ stars x \$20	= \$ _____
Additional contribution		\$ _____
	Total Amount Enclosed	\$ _____

Form of Payment: _____ Check Enclosed (Make checks payable to the SIU Foundation) _____ Credit Card
 For credit card payment, circle one: Discover MasterCard Visa Credit Card#: _____
 Expiration Date: _____ Name on Card: _____ Signature: _____

Reservations due by October 10, 2008, to: Office of the Vice Chancellor for Student Affairs,
 Mail Code 4308, 1265 Lincoln Drive, Southern Illinois University Carbondale, Carbondale, IL 62901

Contributions made through the purchase of Stars may be tax deductible. \$40 of an individual reservation and \$320 of a table reservation is considered the fair market value (includes dinner and beverages). \$25 of individual reservations and \$330 of table reservations may be tax deductible. In furtherance of the goals of Southern at 150, SIUC and the SIU Foundation will retain 6% of all gifts to strengthen the advancement program.

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