

 HOFSTRA UNIVERSITY.



BLACK | HISPANIC

ALUMNI ASSOCIATION



2017 Alumni Recognition
and Scholarship Dinner

*Raising
the Bar for
Defining
Excellence*

Saturday, April 22, 2017, at 7 p.m.
Hofstra University Club, David S. Mack Hall, North Campus

2017 Alumni Recognition and Scholarship Dinner
Saturday, April 22, 2017

Commemorative Journal

The costs for advertising in the journal are as follows:

- \$500 Full-page ad (8.5 x 11 in.)
- \$250 Half-page ad (8.5 x 5.5 in.)
- \$125 Quarter-page ad (4.25 x 5.5 in.)
- \$50 Business card ad (3.5 x 2 in.)
- \$25 Individual patron (Spouses/partners are considered one patron.)

Individual Patron/Business Name:

- Please submit camera-ready art to **Gwendolyn.A.Wade@hofstra.edu** before April 10, 2017.
- Please make checks payable to Hofstra University, and return in the enclosed envelope by Monday, April 10, 2017.
- All contributions are tax-deductible to the extent allowed by law.

Dinner Reservations

- Please make _____ reservation at \$70 per person (BHAA member; received on or before April 10).

- Please make _____ reservation(s) at \$75 per person (non-BHAA member; received on or before April 10).

- Please reserve _____ table(s) for 10 people at \$750 per table.

- Please make _____ reservation(s) at \$65 per person (GOLD; received on or before April 10).

- I would like to make an additional donation of \$_____ to the BHAA Scholarship Fund.

- I am unable to attend, but would like to make a donation of \$_____ to the BHAA Scholarship Fund.

All tickets are \$85 per person if order is received after April 10.
Register online at hofstra.edu/bhaa2017dinner.

Proceeds benefit the Black/Hispanic Alumni Association Scholarship Fund.

Name(s) of guest(s):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Attending in support of: _____

Payment Information

Name _____ Year of Graduation _____

Address _____

Telephone _____

Email _____

I wish to pay by credit card.* Amount \$ _____

*\$25 minimum is required.

American Express MasterCard Visa Personal Business

Name on Credit Card _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Enclosed is a check in the amount of \$ _____

(payable to Hofstra University).

For best ticket prices, RSVP or register online at hofstra.edu/bhaa2017dinner by Monday, April 10, 2017.

Please list name(s) of your guest(s) on the reverse side of this card.

