

SPONSORSHIP OPPORTUNITIES

“EQUALITY CIRCLE” - \$10,000

- LISTING ON INVITATION AND OTHER PRINTED MATERIALS
- FOUR TICKETS TO THE CELEBRATION OF AMERICAN WOMEN, INCLUDING VIP RECEPTION, OCTOBER 21, 2010
- FOUR TICKETS TO THE WOMEN’S SUFFRAGE CENTENNIAL CELEBRATION, **AUGUST 26, 2020**
- RESERVED SEATING
- INVITATION TO OCTOBER 18, 2010 OPENING OF SPECIAL VISION 2020 EXHIBITION :
“FROM THE ABSENCE OF MANY TO THE PRESENCE OF ALL” AT THE NATIONAL CONSTITUTION CENTER
- CONTINUED OPPORTUNITIES TO PARTICIPATE IN VISION 2020’S ACTIVITIES OVER THE DECADE 2010-2020
- RECOGNITION ON THE VISION 2020 WEBSITE WITH LINK TO SPONSOR’S WEBPAGE

“FIFTY FOR THE FUTURE” - \$2020*

- LISTING ON INVITATION AND OTHER PRINTED MATERIALS
 - TWO TICKETS TO THE CELEBRATION OF AMERICAN WOMEN, INCLUDING VIP RECEPTION, OCTOBER 21, 2010
 - TWO TICKETS TO THE 19TH AMENDMENT CENTENNIAL CELEBRATION, **AUGUST 26, 2020**
 - RESERVED SEATING
 - INVITATION TO OCTOBER 18, 2010 OPENING OF SPECIAL VISION 2020 EXHIBITION :
“FROM THE ABSENCE OF MANY TO THE PRESENCE OF ALL” AT THE NATIONAL CONSTITUTION CENTER
 - CONTINUED OPPORTUNITIES TO PARTICIPATE IN VISION 2020’S ACTIVITIES OVER THE DECADE 2010-2020
- *GIVE \$2020 AND RAISE \$2020 FROM YOUR COMPANY OR PROFESSIONAL FIRM FOR SPECIAL RECOGNITION.**

“VISIONARY VOICES” - \$1010

- LISTING ON INVITATION AND OTHER PRINTED MATERIALS
- TWO TICKETS TO THE CELEBRATION OF AMERICAN WOMEN, OCTOBER 21, 2010
- RESERVED SEATING
- CONTINUED OPPORTUNITIES TO PARTICIPATE IN VISION 2020’S ACTIVITIES OVER THE DECADE 2010-2020

PLEDGE FORM

- YES, I/WE WANT TO JOIN VISION 2020'S "EQUALITY CIRCLE"**

I/WE PLEDGE \$10,000 TO BE PAID AS FOLLOWS:

- YES, I/WE WANT TO JOIN VISION 2020'S "FIFTY FOR THE FUTURE"**

I/WE PLEDGE \$2020 TO BE PAID AS FOLLOWS: _____

MY COMPANY/FIRM PLEDGES AN ADDITIONAL \$2020 _____

- YES, I/WE WANT TO JOIN VISION 2020'S "VISIONARY VOICES"**

I/WE PLEDGE \$1010 TO BE PAID AS FOLLOWS:

- CHECK MADE PAYABLE TO DREXEL UNIVERSITY COLLEGE OF MEDICINE (IWHL) ENCLOSED**

- PAYMENT TO BE MADE ON _____**
(DATES)

- CREDIT CARD**

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

CARD NUMBER: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

PLEASE PRINT EXACTLY AS YOU WISH TO BE LISTED:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TO BE LISTED ON THE INVITATION

PLEASE RETURN THIS FORM BY FRIDAY, AUGUST 13, 2010. THANK YOU!

DREXEL UNIVERSITY COLLEGE OF MEDICINE, P.O. BOX 8235, PHILADELPHIA, PA 19101

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**DREXEL UNIVERSITY
COLLEGE OF MEDICINE**

INSTITUTE FOR WOMEN'S HEALTH AND LEADERSHIP