

CHICAGO STATE UNIVERSITY

Ninth Annual Latino Resource Center Scholarship Dinner

Friday, April 29, 2011

The New Martinique Banquet Complex
8200 S. Cicero, Burbank, IL

ALUMNUS AWARD

Debra Martinez
Vice President, Human Resources
Republic Services

CORPORATE CITIZEN AWARD

Omar Duque
President and CEO
Illinois Hispanic Chamber of Commerce

- \$75 Individual Ticket:** Please reserve _____ ticket/s.
- \$375 Colegas:**
Reserved table seating for five and special recognition in program book.
- \$750 Socios:**
Reserved table seating for ten and logo placement and special recognition in program book.
- \$1,500 Amigos:**
Reserved table, seating for ten, half page tribute advertisement in program book, logo placement and special recognition in program book.
- \$2,500 Hermanos:**
Preferred table, seating for ten, full page tribute advertisement in program book, logo placement and special recognition in program book.
- \$5,000 Familias:**
Support one student with a \$2,000 scholarship in your company's name, VIP table seating for ten, full page tribute advertisement in program book, logo placement and special recognition in program book.
- Not able to attend:** Please accept my contribution in the amount of \$10 \$20 \$50 \$100
 Other Amount \$ _____

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- Advertisement in program book:**
_____ Full Page Ad: \$200.00 _____ Half Page Ad: \$100.00

Please note: checks and art work must be received no later than April 15, 2011. Art work can be e-mailed to fdiaz@csu.edu

Please indicate the level of participation you are pledging on your behalf, your business, corporation or organization and fax this form to the LRC, at 773.821.2878. Please make checks payable to the **CSU Foundation**, indicate **LRC Scholarship Fund** in memo and mail to: 9501 S. King Drive/ CRSU 230-A, Chicago, IL 60628. For additional information or questions call 773-995-2526.

Name _____ Title _____

Business _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____

VISA MASTERCARD Card Number _____ CCID _____ Exp. Date _____

Cardholder Name _____ Cardholder Signature _____