

The Legacy Banquet

PRESENTED BY

Jackson State University Development Foundation and BankPlus

You are cordially invited to an extraordinary evening of elegance and excellence as we salute our Major Gift Donors

Friday, November 3, 2017 - 6:30 p.m.

JSU STUDENT CENTER GRAND BALLROOM

Attire: Semi-Formal

Post-Reception Following the Banquet (REFRESHMENTS, ENTERTAINMENT, NETWORKING OPPORTUNITIES)

While all donors provide significant support, our major gift donors have made an exemplary commitment (\$10,000 or more) to Jackson State during fiscal year July 1, 2016 – June 30, 2017. We would be delighted to have you join us in paying tribute to our esteemed honorees. All proceeds will benefit the Excellence Fund at Jackson State University.

S P O N S O R S H I P L E V E L S

Platinum Sponsor - \$20,000

Name recognition during banquet, Logo at entrance of Banquet Ballroom, Name and logo on JSU Development Foundation website, Special reserved table for eight (8) at dinner, Name and logo in program booklet, Invitation for two (2) to the Homecoming Parade Viewing Stand, Invitation for two (2) to the JSU Development Foundation Pre-Game Reception, Two (2) Complimentary Tickets to the Homecoming Game – November 4th

Gold Sponsor - \$10,000

Name recognition during banquet, Logo at entrance of Banquet Ballroom, Name and logo on JSU Development Foundation website, Special reserved table for eight (8) at dinner, Name and logo in program booklet, Invitation for two (2) to the JSU Development Foundation Pre-Game Reception, Two (2) Complimentary Tickets to the Homecoming Game – November 4th

Silver Sponsor - \$5,000

Name recognition during banquet, Logo at entrance of Banquet Ballroom, Name and logo on JSU Development Foundation website, Reserved table for eight (8) at dinner, Name and logo in program booklet, Two (2) Complimentary Tickets to the Homecoming Game – November 4th

Bronze Sponsor - \$2,500

Name recognition during banquet, Logo at entrance of Banquet Ballroom, Name and logo on JSU Development Foundation website, Reserved table for eight (8) at dinner, Name and logo in program booklet

Blue Sponsor - \$1,200

Name recognition during banquet, Logo at entrance of Banquet Ballroom, Reserved table for eight (8) at dinner, Name and logo in program booklet

Individual Banquet Tickets: \$140.00 – In celebration of JSU's 140th Anniversary

For more information about sponsorship packages and tickets, please contact Carolyn Johnson at (601) 979-2282.

A LIMITED NUMBER OF TICKETS AND SPONSORSHIP PACKAGES ARE AVAILABLE.

(Please respond by Friday, October 13, 2017)

Sponsorship Commitment Form

My company will sponsor the "The Legacy Banquet" at the following level:

- | | |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> \$20,000 Platinum Sponsor | <input type="checkbox"/> \$10,000 Gold Sponsor |
| <input type="checkbox"/> \$5,000 Silver Sponsor | <input type="checkbox"/> \$2,500 Bronze Sponsor |
| <input type="checkbox"/> \$1,200 Blue Sponsor | <input type="checkbox"/> \$140.00 per Ticket [# of Tickets _____] |

We cannot support the Legacy Banquet at a Sponsorship Level,
but my company would like to make a contribution to support it in the amount: \$_____ (Other)

METHOD OF CONTRIBUTION

Please make your donation payable to the JSU Development Foundation and place Legacy Banquet in the memo line.

- | | | |
|-------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Check (please enclose) | <input type="checkbox"/> Money Order (please enclose) | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER |
| | | <input type="checkbox"/> AMEX |

Name (on card) _____

Card Number _____

Expiration Date ____/____/____ CSC# (3 digit card security code on back of card) _____

CONTACT INFORMATION

Company Name _____

Sponsorship Contact _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Signature _____ Date _____

TABLE GUESTS

Name on table: _____

Please print or type the names of persons who will attend this event on behalf of your company:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

***Please make copies of this form if you need to provide additional names.

Please mail check and completed sponsor form by Friday, October 13, 2017 to:

Attn: Carolyn Johnson • JACKSON STATE UNIVERSITY • P.O. Box 17144 • Jackson, MS 39217
Office: (601) 979-2282 • Fax: (601) 203-6193 • carolyn.p.johnson@jsums.edu