

37TH ANNUAL GREAT SPORTS LEGENDS DINNER

MONDAY, OCTOBER 24, 2022 | NEW YORK MARRIOTT MARQUIS

SPONSORSHIPS AND TICKETS

LEGENDS CIRCLE - \$100,000 each. Reserve ____ table(s).
Private reception entry and premier seating for ten guests with a "Legend/Honoree".
Listing in evening's event program.

CHAMPIONS CIRCLE - \$50,000 each. Reserve ____ table(s).
Private reception entry and prominent seating for ten guests with a "Celebrity".
Listing in evening's event program.

EXECUTIVE COMMITTEE - \$25,000 each. Reserve ____ table(s).
Preferred seating for ten guests with a "Celebrity".
Listing in evening's event program.

PATRON COMMITTEE - \$15,000 each. Reserve ____ table(s).
Seating for ten guests. Listing in evening's event program.

PATRON TICKET - \$1,500 each. Reserve ____ ticket(s).

I would like to make a tax-deductible donation to support The Buoniconti Fund and its mission to cure paralysis in the amount of \$_____.

Enter your name and/or company as you wish it to appear in the Event Program.

NAME _____

COMPANY (if applicable) _____

ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS or HOME () _____ CELL () _____

E-MAIL _____

CHECK ENCLOSED made payable to The Buoniconti Fund in the amount of \$_____.

CREDIT CARD: American Express MasterCard Visa Discover Corporate Personal

AMOUNT TO CHARGE: \$ _____

CARD No. _____ EXP DATE _____ / _____ CVV _____

SIGNATURE _____

Please list your guest(s) information on reverse side.

For reservations and inquiries, contact Jackie Manzano at (305) 243-4656 or jmanzano@miami.edu



REGISTER ONLINE AT WWW.BIDPAL.NET/GSLD2022

The Buoniconti Fund's federal tax identification #65-0244316.
Your contribution, less \$325 per ticket, is tax-deductible according to law.

Return to Jackie Manzano at jmanzano@miami.edu • fax: (305) 243-6017
mail: The Buoniconti Fund • 1095 NW 14th Terrace • Miami, FL 33136

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GUEST 1: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 2: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 3: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 4: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 5: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 6: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 7: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 8: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 9: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____

GUEST 10: NAME _____ CELL PHONE () _____

FULL ADDRESS _____

EMAIL _____