

THE GREAT CONVERSATION 2014

To be held at 7:00 p.m. on Wednesday, March 26, 2014, at Houston Country Club

UNDERWRITING OPPORTUNITIES

TABLE LEVELS

All tables seat eight guests, not including conversationalist

\$25,000 PLATINUM SCHOLAR

- Endows a named Honors College scholarship

\$15,000 DIAMOND SCHOLAR

- Funds up to thirty Study Abroad scholarships

\$10,000 GOLD SCHOLAR

- Funds up to ten Annual scholarships for Human Situation students

\$5,000 MENTOR

- Funds an undergraduate research project and up to three Study Away scholarships

\$3,000 PHILOSOPHER

- Funds up to three Annual scholarships for Medicine & Society students

ALL TABLE AND TICKET PURCHASERS RECEIVE THE FOLLOWING BENEFITS:

- Recognition in event invitations and programs
- Recognition in *Shine & Rise*, the College's annual report, and on the College's website
 - An invitation to the Underwriters' Reception (date TBD)

We/I will participate at the following level:

- | | |
|--|---|
| <input type="checkbox"/> \$25,000 Platinum Scholar | <input type="checkbox"/> Individual VIP ticket (please reserve _____ at \$475 each) |
| <input type="checkbox"/> \$15,000 Diamond Scholar | <input type="checkbox"/> Individual ticket (please reserve _____ at \$250 each) |
| <input type="checkbox"/> \$10,000 Gold Scholar | <input type="checkbox"/> I am unable to attend and wish to support the event with a gift of \$_____ |
| <input type="checkbox"/> \$5,000 Mentor | |
| <input type="checkbox"/> \$3,000 Philosopher | |

The fair market value (non-deductible portion) is \$90 per person. For more information, please consult your tax advisor.

Name _____

Company _____ E-mail address _____

Address _____ City _____ Zip _____

Daytime phone # _____ Fax # _____

Please print name to be listed in printed materials: _____

PAYMENT METHOD:

CODE: 243-041/AHASZ

Enclosed is my check, payable to University of Houston Foundation.

Please bill me.

Please charge \$_____ to my: Visa Mastercard American Express Discover

Account # _____ Exp. Date: _____

Name on card: _____ Signature: _____

Mail completed form to:

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