Charlotte Carolina Club

25th Annual Davie Dinner – Nov. 13 – The Terrace at Cedar Hill

Sponsor Reply Form

Please return this form and payment no later than Sept. 30 for your name(s) to be included in the invitation. Names received prior to Nov. 1 will also be included in the evening's program.

Save a stamp, register online at: ***alumni.unc.edu/daviedinner***

Full Name: _____ Class Year (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

GAA membership – Please select one of the following:

❑ I am already a GAA member
❑ Add/renew annual membership - $50.00
❑ Current annual member, add spouse/partner to membership $10.00
❑ Add/renew joint annual membership $60.00
❑ Add life membership - $900.00
❑ Current life member, add spouse/partner to membership $300.00
❑ Add a joint life membership - $1,200.00
❑ Not a member/not currently interested in becoming a member

Sponsorship level:

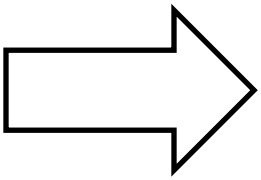
❑ Alice and Dewey Dorsett ($1,500)
❑ Davie Poplar ($1,000)
❑ Old Well ($500)
❑ Bell Tower ($300)

All levels include admission for two, recognition in the invitation and dinner programs, and an invitation to the pre-dinner sponsor reception.

Would you like your sponsorship to be acknowledged publicly? ❑ Yes ❑ No

Please list your name and class year (if applicable) how you would like it to be listed in the invitation and program.

_____



Please check here if you plan on attending the event:

❑ I plan to attend
❑ I will be unable to attend

Please let me know if you plan on attending the pre-dinner sponsor reception with Dr. James Leloudis '77 ('89 PhD). More information, including the time, will be shared prior to the event.

❑ I plan on attending the pre-dinner sponsor reception
❑ I do not plan on attending the pre-dinner sponsor reception

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Please list your name and class year (if applicable) how you would like it to appear on your name tag.

Primary Name: _____

Guest Name: _____

If you or your guest have any dietary restrictions, please write them below.

Dietary Restrictions Primary: _____
Dietary Restrictions Guest: _____

PAYMENT OPTIONS:

❑ Please charge my Visa, MasterCard, Discover or American Express. Your payment will show as a charge to the UNC General Alumni Association.

□□□□-□□□□-□□□□-□□□□ □□/□□
Card # Expiration Date

Signature: _____ Date:_____

❑ My check made payable to "GAA" is enclosed.

Please mail this form and payment to:

Jack Ahern
Coordinator of Alumni Networking and Outreach
UNC General Alumni Association
PO Box 660, Chapel Hill NC 27514-0660
Phone: (919) 962-6705
Fax: (919) 962-0010