



29th Ambassadors' Ball 2017
In honor of the Kingdom of Spain
Excellency D. Pedro Morenés Eulate
Ambassador

Date Submitted: _____ Consular Corps Contact: _____

Donor's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Please be specific as to how you wish to be listed in the program. For program acknowledgement, donor form must be received by August 19th, 2017

Example: Mr. and Mrs. John Doe Line 1: _____

ABC Company Line 2: _____

Please do not recognize me or my company in any publications.

Donor Options

Please check donation level below. Please see attached document for detailed descriptions:

- | | | | | | |
|---|-----------|---|----------|---|---------|
| <input type="checkbox"/> Title Sponsor | \$100,000 | <input type="checkbox"/> Diamond Table | \$25,000 | <input type="checkbox"/> Diamond Couples | \$5,000 |
| <input type="checkbox"/> Presenting Sponsor | \$40,000 | <input type="checkbox"/> Ruby Table | \$15,000 | <input type="checkbox"/> Ruby Couples | \$3,000 |
| <input type="checkbox"/> Dinner Sponsor | \$35,000 | <input type="checkbox"/> Emerald Table | \$10,000 | <input type="checkbox"/> Emerald Couples | \$2,000 |
| <input type="checkbox"/> Wine Sponsor | \$30,000 | <input type="checkbox"/> Sapphire Table | \$5,000 | <input type="checkbox"/> Sapphire Couples | \$1,000 |

We regretfully cannot attend the Ambassadors' Ball, but we would like to make a donation of:

Other: _____

Donation Agreement

The purpose of this agreement is defined on the next page of this form.

This Donation Agreement (the "Agreement") is made by and between the Consular Corps of Arizona and ("the donor") on this date. **Given that the donor wishes to make a gift to the Consular Corps of Arizona:** Donor agrees to give the Consular Corps of Arizona, a 501(c)(3) charitable institution whose Federal Tax ID Number is 20-5183469, a donation of \$ _____. This donation will be paid as follows, with donation paid in full at least 30 days prior to the event.

Donor Signature: _____ To be paid on or before: _____



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Mailing Information

Please mail form and payment to:

Hon. Alfredo J. Molina
Chairman
Arizona Consular Corps
3134 East Camelback Road
Phoenix, AZ 85016

Payment Information

- My check, made payable to the Consular Corps of Arizona Ambassadors' Ball, is enclosed.
- Please send me an invoice
- My company will match my gift. Employer Name: _____

Purpose: The purpose of this donation is to benefit the Consular Corps of Arizona (CCAZ) Governor's Scholarship Program. The mission of the Consular Corps of Arizona is to provide a forum for the accredited consuls in Arizona by supporting fellow Consuls and Consulates in their respective diplomatic outreach, by building relationships with governments and community, and fostering business, educational and cultural endeavors.

Donor agrees that as a not-for-profit charitable organization, the CCAZ will be required to disclose its sources of funding, including Donor's funding or other resources provided under this Agreement. No rights to use CCAZ service marks are granted in the Agreement.

In consideration of the Donor's support, CCAZ will recognize Donor's donation in the appropriate CCAZ materials.

Donor and CCAZ agree that each is responsible for its own business activities and for its action or inaction relating to the specific Cause or Event activities under this Agreement.



October 7th, 2017
4949 East Lincoln Drive, Scottsdale
6 p.m. Cocktails
7 p.m. Dinner and Dancing