

**Night Out with NAMI**  
**Patron Society Contribution Opportunities**

<b>Contribution Benefits*</b>	<b>Benefactor</b>	<b>Star Supporter</b>	<b>Partner</b>	<b>Patron</b>
<b>Acknowledgement as NAMI Mercer Benefactor</b> <i>in press releases, event webpage, and annual report. Recognized as Benefactor at Benefit Concert and Night Out with NAMI opening remarks</i>	✓			
<b>Complimentary NAMI Mercer Membership (Individual)</b> <i>Benefits include local, state and national publications and voting rights at NAMI Mercer's Annual Meeting (Opt-in on reverse form)</i>	✓	✓	✓	
<b>Recognized as a Patron Society Member</b> <i>on event signage (Benefit Concert &amp; NOWN), webpage and annual report</i>	✓	✓	✓	✓
<b>Membership in Patron Society*</b> <i>Includes invitation to the 2018 Patron Reception and Patron Society Lapel Pin(s) for first-time members</i>	✓	✓	✓	✓
<b>Tickets to Night Out with NAMI*</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>None</b>
<b>Giving Level</b>	<b>\$2,500</b>	<b>\$1,000</b>	<b>\$750</b>	<b>\$500</b>

\*Contribution Benefits are Subject to Print Deadlines

Please note: Additional tickets for the dinner-dance are available at a rate of \$150.00 per person

**NIGHT OUT WITH NAMI Patron Contribution Form**  
Please complete and return to NAMI Mercer

Name (First/last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone/email: \_\_\_\_\_

**Please indicate desired level of contribution:**

Sponsorship Level Name	Sponsorship Amount
Patron	\$500
Partner*	\$750
Star Supporter	\$1,000
Benefactor*	\$2,500

Contribution level \$ \_\_\_\_\_

**\*Please renew my NAMI Mercer Membership with Partner/Star or Benefactor Level Contribution  (check here)**

Number of additional tickets \_\_\_\_\_ @ \$150.00 per ticket (dinner dance) \$ \_\_\_\_\_

I'm unable to attend, but would like to donate! \$ \_\_\_\_\_

My donation honors:  Dr. William Hayes and/or  John Marsland

**TOTAL** \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed please find my check for the total listed above

\_\_\_\_\_ Please bill me later for my selected contribution level

\_\_\_\_\_ Please charge my preferred credit card

Name on credit card: \_\_\_\_\_

Exp date: \_\_\_\_\_

Type of card: \_\_\_\_\_

SVC code: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete and return this form on or before October 1, 2017**

**Mail to:**  
NAMI Mercer  
Attn: Christine Bakter  
3371 Brunswick Pike, Suite 124  
Lawrenceville, NJ 08648

**Questions can be directed to:**  
Christine Bakter, Director of Development  
cbakter@namimercer.org  
PHONE: 609-799-8994

**Care to refer a friend or colleague? Let us know who we should invite to Night Out with NAMI on your behalf?**

**Name (First/last):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone/email:** \_\_\_\_\_

You will receive an invitation to Night Out with NAMI so that you can indicate your dinner selection(s); please look for your invitation via mail in September 2017