ART IN BLOOM

The 15th Annual Art in Bloom Luncheon and Symposium
Monday, March 25, 2013

Name, as it is to appear in print: _____

Contact name: _____

Address: _____City/State: _____Zip: _____

E-mail: _____ Phone: _____

□ I prefer not to be listed in printed materials □ I do not wish to receive invitations or benefits

□ **Orchid Patron, $10,000**
* Premier table for ten guests at the Art in Bloom Luncheon
* Priority reserved seating for ten guests at the Floral Symposium
* Four invitations to the Patron Party
* Four invitations to the Floral Design Class
* Recognition in printed materials

□ **Camellia Patron, $2,500**
* Priority table for eight guests at the Art in Bloom Luncheon
* Eight reserved seats at the Floral Symposium
* One invitation to the Patron Party
* One invitation to the Floral Design Class
* Recognition in printed materials

□ **Rose Patron, $5,000**
* Priority table for ten guests at the Art in Bloom Luncheon
* Ten reserved seats at the Floral Symposium
* Two invitations to the Patron Party
* Two invitations to the Floral Design Class
* Recognition in printed materials

□ **Lily Patron, $750**
* One ticket to the Art in Bloom Luncheon
* One reserved seat at the Floral Symposium
* One invitation to the Patron Party
* One invitation to the Floral Design Class
* Recognition in printed materials

□ I would like to donate *a "**Bouquet for the DMA"*** in support of Art in Bloom.

"Bouquet for the DMA" cards will be sent to donors to be given to recipients as gifts at a time of their choosing: Christmas, Anniversary, Valentine's Day, Birthday, Mother's Day or just to make someone happy!

Please process my order for: _____ "Bouquet for the DMA" card(s) @ $25.00 each. Total donation: $_____

IN MEMORY/HONOR OF: _____

Please send my donation notice to mailing address: _____

□ My company has matching funds: (company name) _____

□ I am purchasing an underwriting table. The names of my guests are listed on the back of this form.

□ I am putting together a Dutch treat table. The names of my guests are listed on the back of this form.

PAYMENT INFORMATION

Amount of payment: $ _____. If paying by check, please make check payable to DMA League.

If paying by credit card, indicate card type: □ Visa □ MasterCard □ American Express

Name on card: _____

Card number: _____ Expiration date: _____

Signature: _____

Please return this form with payment by JANUARY 15 to: Art in Bloom, Dallas Museum of Art, 1717 N. Harwood Street, Dallas, TX 75201.

Email: League@dma.org Phone: 214-922-1249 Website: www.dma.org/AIB

The non-tax-deductible portion of your contribution is $80; the DMAL is a 501(c) (3) nonprofit organization.

( ) Please seat me at a no-host table

( ) Please seat me at a table hosted by _____

( ) Names and addresses of guests at my table are:

1. Table Hostess_____ Phone Number _____

   Address_____

2. Guest_____ Phone Number _____

   Address_____

3. Guest_____ Phone Number _____

   Address_____

4. Guest_____ Phone Number _____

   Address_____

5. Guest_____ Phone Number _____

   Address_____

6. Guest_____ Phone Number _____

   Address_____

7. Guest_____ Phone Number _____

   Address_____

8. Guest_____ Phone Number _____

   Address_____

9. Guest_____ Phone Number _____

   Address_____

10. Guest_____ Phone Number _____

    Address_____