



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

***Inspiring Hope through Regenerative Medicine***

***To benefit the University of Maryland School of Medicine  
Center for Stem Cell Biology & Regenerative Medicine***

. . .

***Apple Ford Showroom, Columbia MD  
Sunday, September 28, 2014  
4pm to 7pm***

*Join us for our annual fundraiser for regenerative medicine!  
Enjoy superb food, wine, networking, and raffle items!*

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**\$10,000 Gold Sponsor**

- 10 tickets to Fundraiser event
- Acknowledgement as Gold Sponsor in all media opportunities
- Acknowledgement as Gold Sponsor on the sponsor page of the Program Book and on all available written materials including signage
- Recognition in the University of Maryland School of Medicine Annual Donor Report
- Recognition on the University of Maryland School of Medicine Website

*\*The University of Maryland School of Medicine has determined that the fair market value of these benefits is \$750.*

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**\$2,000 Corporate Sponsor**

- 8 tickets to the Fundraiser Event
- Acknowledgement as Corporate Sponsor on the sponsor page of the Program Book
- Recognition in the University of Maryland School of Medicine Annual Donor Report
- Recognition on the University of Maryland School of Medicine Website

*\*The University of Maryland School of Medicine has determined that the fair market value of these benefits is \$600.*

## **Additional Underwriting Opportunities**

*All Underwriting Opportunities will directly benefit The University of Maryland Stem Cell Center*

### **Program Display Areas (2)**

**\$3,500 each**

These areas will display current advancements made by the scientists and physicians of the University of Maryland School of Medicine Center for Stem Cell Biology & Regenerative Medicine. Signage will display your company logo, accentuating your support of this vital research.

### **Premium Bar**

**\$3,000**

Signage at the Premium Bar announces your support of the University of Maryland School of Medicine Center for Stem Cell Biology & Regenerative Medicine. A perfect spot for cocktails and conversation.

### **Program Advertiser**

**\$2,500 each**

Advertising in our program is an effective way to reach new customers. A full page color ad at the end of the program is an excellent choice and shows your support for the University of Maryland School of Medicine Center for Stem Cell Biology & Regenerative Medicine.

### **Event Centerpieces**

**\$1,500**

Brilliantly designed centerpieces will be displayed on tables throughout the event featuring your company logo.

### **Friend of the Center Individual ticket**

**\$150 each**

Purchase a ticket that will enable a Stem Cell Center researcher to attend the Fundraiser.

\*The University of Maryland School of Medicine has determined that the fair market value of these benefits is \$75.

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\*Only the portion of your gift above fair market value of ticket(s) is considered a charitable contribution for tax purposes.

*Contributions benefit the University of Maryland School of Medicine and are administered by the University of Maryland Baltimore Foundation, Inc., a 501(c)(3) organization and are tax-deductible to the extent allowed by law.*



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For additional information, please call Sheila Young at 410-706-0106 or email [syoung@som.umaryland.edu](mailto:syoung@som.umaryland.edu)

Thank you for your support!

**Yes, we will gladly support the University of Maryland  
Center for Stem Cell Biology & Regenerative Medicine!**

Title \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  Home  Business

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

Email Address \_\_\_\_\_  Home  Business

Phone \_\_\_\_\_  Home  Business

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**SPONSORSHIP OPPORTUNITIES**

\_\_\_\_\_ \$10,000 **Gold Sponsor**

\_\_\_\_\_ \$ 2,000 **Corporate Sponsor**

\_\_\_\_\_ **Individual tickets @ \$150**

**Underwriting Opportunity: \$ \_\_\_\_\_**

**Donation: \$ \_\_\_\_\_**

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\_\_\_\_\_ Enclosed is my check made payable to UMBF, Inc. / Stem Cell Center

\_\_\_\_\_ Invoice my company (payment is due on or before September 1, 2014)

\_\_\_\_\_ Bill my credit card (circle one) VISA/MC/AMEX/Discover  Corporate Credit Card  Personal Credit Card

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Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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Name on Credit Card \_\_\_\_\_

3-Digit SVN Code (on back of card) \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to:**

Sheila Young  
Director of Development/Special Projects & Clinical Programs  
University of Maryland School of Medicine  
Office of Development  
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