

LECOM

1992 25 YEARS OF EXCELLENCE 2017

25

Student Scholarship Fund
AUCTION

Saturday, November 11, 2017
Erie Bayfront Convention Center

Lake Erie College of Osteopathic Medicine

Cordially invites you to attend the

Student Scholarship Fund
AUCTION

Saturday, November 11, 2017 • 5:30 p.m.

Bayfront Convention Center
1 Sassafras Pier • Erie, PA 16507

Please arrive early to start your bidding.

5:30 p.m - 8 p.m. Silent Auction • 7 p.m. Dinner • 8 p.m. Program Followed by Live Auction

R.S.V.P. by Monday, October 30, 2017

(814) 860-5148 • Email dstadler@lecom.edu

LECOM Student Scholarship Fund **AUCTION**

LECOM invites you to share in its 24th annual celebration of a progressive partnership of health care and education. We continue to fulfill our mission of preparing the next generation of health care professionals to serve Erie and Greensburg, PA; Bradenton, FL; and other communities nationwide.

Each year, LECOM awards academic scholarships totaling more than \$4 million to deserving medical, dental and pharmacy students. Of this amount, more than \$1 million was realized through the generosity of donors participating in LECOM's 2016 Scholarship Fund Auction and other events.

The students of the Lake Erie College of Osteopathic Medicine greatly appreciate your financial support and would like to recognize major contributions to the Scholarship Fund. We kindly request that you consider donating at one of the following levels:

Presenting	\$50,000
Principal	\$35,000
Platinum	\$30,000
Gold	\$15,000
Silver	\$7,500
Bronze	\$3,200

Donors will receive recognition in the LECOM Auction 2017 program and also on the auction video display for the evening event. In addition, dinner reservations for a table for 10 guests at \$160/person or \$1,600 per table should be included in your response. We request that you complete your guest list with the return of your RSVP card.

Include payment and return in envelope by Monday, October 30, 2017

Enclosed is \$_____ for _____ tickets @ \$160 per person.

Tables of 10, \$1,600.

Event Date: Saturday, November 11, 2017

Organization _____

Contact Name _____

Contact Phone # _____

Email _____

	Vegetarian Meal		Vegetarian Meal
Guest 1 _____	<input type="checkbox"/>	Guest 6 _____	<input type="checkbox"/>
Guest 2 _____	<input type="checkbox"/>	Guest 7 _____	<input type="checkbox"/>
Guest 3 _____	<input type="checkbox"/>	Guest 8 _____	<input type="checkbox"/>
Guest 4 _____	<input type="checkbox"/>	Guest 9 _____	<input type="checkbox"/>
Guest 5 _____	<input type="checkbox"/>	Guest 10 _____	<input type="checkbox"/>