# **COURTSIDE BRUINS**

UCLA Volleyball exists to provide dedicated student athletes three life enhancing opportunities: the pursuit of a world-class education; in UCLA's championship tradition, the development of their fullest athletic potential; and, development of their unique individual talents in an inspiring and supportive environment.





#### **PROGRAM GOAL**

We have set out to renovate the UCLA Women's Volleyball locker room.

Our goal is to raise \$130,000 to complete this project.



Financial resources are imperative to sustain a well rounded developmental program for our student athletes and to achieve success on the court. We ask for your help to reach our goals by supporting the Courtside Bruins. We invite you to make a first time gift or renew your annual membership at any level. 100% of your tax-deductible gift will benefit UCLA Women's Volleyball.

For more information contact: Sarah Lazaro
Phone: 310.206.1952

Email: slazaro@athletics.ucla.edu

## **ANNUAL MEMBERSHIP BENEFITS**

#### \$100-\$499 BLUE

- Tax deductible gift
- Official invite to team social
- Exclusive "Courtside Bruins" updates from the team and staff
- Special recognition in program handed out at all home matches

#### \$500-\$2,999 GOLD

- All the benefits for BLUE membership plus:
- Olympic Sports Card good for complimentary admission for you to all UCLA Olympic Sports home events
- Invitation to team banquet

#### \$3,000-\$9,999 BRUIN

- All the benefits for GOLD membership plus:
- Dedicate the locker of your choice in the UCLA Women's Volleyball locker room
- Personal tour of Pauley Pavilion and the UCLA Women's Volleyball locker room

#### \$10,000+ CHAMPION

- All the benefits for BRUIN membership plus:
- Naming opportunity in the UCLA Women's Volleyball locker room
- UCLA Women's Volleyball swag bag
- VIP experience for one home UCLA Volleyball match



### 2014-2015 COURTSIDE BRUINS Membership Application (Fund 5709)

Name									
Address									
City / State	/ Zip								
Phone: (	)		Cell Phone: (	)		Em	ail Addre	ss:	
Joint Memb	er Name (i	f joint memb	pership):						
Joint Memb	er Cell Pho	one: ( )_		Joint Member Email Address:					
My total g Payment Op		ear for Co	urtside Bruii	ns is \$					
			l gift amount ( <b>Pay</b> ne total gift amoun		IE UCLA	. FOUNDA'	TION)		
	☐ Visa	MasterCa	ard Ameri	ican Express		Discover			
Card	l #:			Exp Date:_	/	CVV2/CID	: (3 dig	its on back of	card)
Nam	ne on Card (pl	ease print):							

Return membership application to:

UCLA Athletics Development, Attn: Sarah Lazaro, P.O. Box 24044, Los Angeles, CA 90024