

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.



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. Your gift is 100% tax-deductible and 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-\$999 BLUE

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

\$1,000-\$2,999 GOLD

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

\$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:
- UCLA Women's Volleyball swag bag
- VIP experience for one home UCLA Volleyball match



2016-2017 COURTSIDE BRUINS Membership Application (Fund 57090)

Name _____

Address _____

City / State / Zip _____

Phone: () _____ Cell Phone: () _____ Email Address: _____

Joint Member Name (if joint membership): _____

Joint Member Cell Phone: () _____ Joint Member Email Address: _____

My total gift this year for Courtside Bruins is \$ _____

Payment Options:

- My check is enclosed for the total gift amount (**Payable to: THE UCLA FOUNDATION**)
- Please charge my credit card for the total gift amount

Visa MasterCard American Express Discover

Card #: _____ Exp Date: ___/___ CVV2/CID: ___ (3 or 4 digits)

Name on Card (please print): _____

**Return membership application to:
UCLA Athletics Development, Attn: Sarah Lazaro, P.O. Box 24044, Los Angeles, CA 90024**