

Corporate Sponsor Pledge Form

Yes, I would like to be a sponsor for the Chamber Music Abu Dhabi Season!

Please sign me up for:

- Residency Sponsor AED 50,000
- Gold Sponsor AED 25,000
- Silver Sponsor AED 10,000
- Bronze Sponsor AED 5,000

Date

Name (as to be listed in the concert program).....

Title

Name of Corporation or Institution

Mailing Address.....

Email.....

Home Phone or Mobile.....

Day Phone.....

How to make your sponsorship contribution (select one method):

- Make a check out to: Khalifa University of Science, Technology and Research, External Grants.
Send check to: Khalifa University, PO Box 127788, Al Saada Street opp. Police GHQ,
Abu Dhabi, UAE
- Electronic Transfer to an NBAD account IBAN: AE73 0350 0000 0620 4544 256
From NBAD to NBAD, please use account: 620 4544 256
Branch – Main Branch, UAE
- Credit card – see reverse of this form

Please return this form to Connie de Guzman (choose one option):

- Mail hard copy to Chamber Music Abu Dhabi, c/o Connie de Guzman,
Khalifa University Finance Department,
Al Saada opp. Police GHQ, PO Box 127788, Abu Dhabi UAE
- Fax to Connie de Guzman at Khalifa University: +971 2 447-2447
- Email scanned copy as attachment to finance@kustar.ac.ae

For questions, call Connie de Guzman at +971 2 401 8020 or Jennifer Laursen at +971 56 314 5109

Thank you for your support and enjoy the season!



Credit Card Authorization Form



Sponsor Details	Sponsor Number(For office use only) Name of Sponsor
Cardholder Details	Telephone Number Mobile Number Fax Number Email Address
Credit Card Details	Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date:/..... (mm/yy) Transaction Amount (in figures): (Currency) Transaction Amount (in words): (Currency) Credit card holder's name:.....
Authorization	I hereby authorize Khalifa University of Science, Technology & Research (KUSTAR) to debit my credit card for the amount mentioned above, towards my sponsorship payment for Chamber Music Abu Dhabi. <div style="display: flex; justify-content: space-between;"> Credit Card Holder's Signature Date </div>

Guidelines for the Credit Card Authorization Form

- The Sponsor needs to enter his/her name on the form.
- The Sponsor needs to use his/her own credit card.
- A clear copy of the credit card (front side) is required to be scanned and emailed to finance@kustar.ac.ae
- A clear passport copy of the credit card holder is required to be emailed along with the form to finance@kustar.ac.ae
- The address of the credit card holder should be the same as it appears in the billing statement.
- The credit card holder's name should be the same as it appears in the credit card.
- The card expiration date should be the same as it appears in the credit card.

