



NYFC Spring Dinner Dance

A Fool's Fête - April 8, 2010

Mandarin Oriental, New York

Yes! I (We) will support New Yorkers For Children by purchasing the following:

_____ Sponsor Table of 10 at \$25,000

Includes a premium table for ten, Sponsor Table listing on the invitation and in the printed program, special acknowledgment from the podium, inclusion in all press materials and releases, opportunity to showcase products in the silent auction and VIP photo opportunities with chairs and special guests.

_____ Benefactor Table of 10 at \$15,000

Includes a priority table for ten, Benefactor Table listing on the invitation and in the printed program and opportunity to showcase products in the silent auction.

_____ Patron Table of 10 at \$7,500

Includes a prime table for ten and Patron Table listing on the invitation and in the printed program.

_____ Back-to-School Friend Ticket(s) at \$3,000

Includes premiere individual seating at dinner, Back-to-School Friend listing on the invitation and in the printed program, and one Back-to-School Package for a youth in foster care.

_____ Patron Ticket(s) at \$1,000

Includes preferred individual seating at dinner and Patron listing on the invitation and in the printed program.

_____ Friend Ticket(s) at \$500

Includes individual seating at dinner and Friend listing on the invitation and in the printed program.

I (We) will be unable to attend, but would like to support New Yorkers For Children.

Enclosed is \$ _____

Please respond by Monday, February 8, 2010 in order to be listed on the invitation:

Listing _____
(name or company as you wish it to appear)

Contact _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ Email _____

Please make checks payable to **New Yorkers For Children** (Tax ID # 13-3904537) and return to:

New Yorkers For Children Benefit Office
c/o Innovative Philanthropy, LLC
5 Hanover Square, Suite 1801
New York, NY 10004

Phone: 212 867 1117
Fax: 212 867 3720

Credit Card Number _____

Exp. Date _____ Security Code _____ Total Amount to be Charged _____

Signature _____

Name on Card (if different than above) _____

Billing Address (if different than above) _____

For tax purposes, \$1200/\$120 per table/ticket is non-deductible. Regretfully, donations are non-refundable.
For further information, please contact Jennifer Houston at 212 867 1117 or jhouston@innovativephilanthropy.net.