



NEW YORKERS FOR CHILDREN  
**TWELFTH ANNUAL FALL GALA**  
SEPTEMBER 20, 2011 • CIPRIANI 42

**Yes! I (We) would like to make an early commitment to the NYFC 2011 Fall Gala by purchasing the following:**

\_\_\_\_\_ **Platinum Table of 10 at \$50,000**

Includes a premium table for ten, Platinum listing on the invitation, full-page ad and listing in the printed program, special acknowledgement from the podium, inclusion in all press materials, and VIP photo opportunities.

\_\_\_\_\_ **Gold Table of 10 at \$25,000**

Includes a priority table for ten, Gold listing on the invitation, half-page ad and listing in the printed program, and inclusion in all press materials.

\_\_\_\_\_ **Silver Table of 10 at \$12,500 | Limited Availability**

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

\_\_\_\_\_ **Patron Ticket(s) at \$5,000**

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

\_\_\_\_\_ **Benefactor Ticket(s) at \$2,500**

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

\_\_\_\_\_ **Sponsor Ticket(s) at \$1,000 | Limited Availability**

Includes individual seating at dinner and Sponsor 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 July 8th, 2011 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 | (p) 212.867.1117 | (f) 212.867.3720**

**Credit Card Number \_\_\_\_\_**

**Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Total Amount to be charged \_\_\_\_\_**

**Signature \_\_\_\_\_**

**Name on Card (if different from above) \_\_\_\_\_**

**Billing Address (if different from above) \_\_\_\_\_**

For tax purposes \$2040/\$204 per table/ticket is non-deductible. Regretfully, donations are non-refundable.  
For more information, please contact Jennifer Houston at 212.867.1117  
or [jhouston@innovativephilanthropy.net](mailto:jhouston@innovativephilanthropy.net).