



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.