



Gilda's Club New York City Benefit Gala
Celebrating 23 Years of Free Cancer Support

Cocktails • Dinner • Awards • Live and Silent Auctions • After-Party & Dancing
 Thursday, November 8, 2018 • Gotham Hall • New York City

Sponsorships & Tickets	Price
<input type="checkbox"/> Diamond Benefactor <i>Two VIP premier tables of 10, logo on step & repeat, premier recognition in all event materials</i>	\$250,000
<input type="checkbox"/> Gold Benefactor <i>One VIP premier table of 12, prominent recognition in all event materials</i>	\$100,000
<input type="checkbox"/> Silver Benefactor <i>One premier table of 10, recognition in all event materials</i>	\$50,000
<input type="checkbox"/> Red Door Patron <i>One preferred table of 10, recognition in all event materials</i>	\$25,000*
<input type="checkbox"/> Bronze Patron <i>One table of 10, listing in all event materials</i>	\$15,000*
<input type="checkbox"/> Benefactor Ticket (preferred dinner seating & journal recognition)	\$1,200* x _____ (Qty.)
<input type="checkbox"/> Supporter Ticket	\$ 650* x _____ (Qty.)
<input type="checkbox"/> Full Page Premium color Ad (includes 2 Benefactor tickets)	\$3,500*
<input type="checkbox"/> Full Page Color Ad	\$2,000*
<input type="checkbox"/> Full Page Black & White Ad	\$1,000*
<input type="checkbox"/> I cannot attend, but please accept this donation	\$ _____

All table sponsors will receive a journal ad.
 Contact ejackson@gildasclubnyc.org for specs & details

Total Payment \$ _____

*Available for purchase online at: www.gildasclubnyc.org/gala2018

I/we agree to this sponsorship and recognize the benefits of support. I/we understand that the fulfillment of benefits is dependent on my/our timely submission of company logos and other materials, as required. I/we give permission for GCNYC to list me/us on their website.

 Signature Printed Name Date

Contact Name _____

Company Name _____

Name to be listed in materials _____

Address _____

Phone _____ Email _____

Payment: Check enclosed \$ _____ (Payable to Gilda's Club New York City) ~ **AMEX, MC, Visa Accepted**

Credit Card Number: _____ Exp. Date _____ CVV _____

Name on Card: _____ Signature: _____

Please return this form with payment to:

Gilda's Club New York City, Attn: Development Office
 195 West Houston Street, New York, NY 10014. Or, Fax to: 212.647.1154

Questions? Please email ejackson@gildasclubnyc.org, call 212-647-9700 or visit www.gildasclubnyc.org

Gilda's Club NYC is a 501(c)(3) charitable organization. (Tax ID# 13-4046652) Contributions are deductible to the extent they exceed the value of the benefits provided. The estimated value per person attending the gala is \$300, and \$3,000 per table. RSVP by 9.5.18 to be in invitation.