

NEDA NYC Benefit Dinner

April 17, 2013 | 6:30pm

Kindly Reply by April 10, 2013

Name (as it should appear on printed materials, if applicable)

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

Yes, please accept my reservation at the following level.

- | | |
|--|--------------------|
| <input type="checkbox"/> Leadership Circle \$25,000 | Table of Ten |
| <input type="checkbox"/> Commitment Sponsor \$10,000 | Table of Ten |
| <input type="checkbox"/> Spirit of Courage Sponsor \$2,500 | Seating for Two |
| <input type="checkbox"/> Benefactor \$1,000 ea | Seating for One |
| <input type="checkbox"/> Individual Reservation \$750 ea | # of Guests: _____ |
| <input type="checkbox"/> Junior Reservation \$250 ea | # of Guests: _____ |
- Guests under age 30*

No, I cannot attend but please accept my tax deductible contribution of \$_____ in support of NEDA

Payment Information

- Check (payable to NEDA)
- American Express
- Visa
- MasterCard

Name on Credit Card _____

Card Number: _____

Exp Date _____ Security Code _____

Billing Zip Code _____

Signature _____



National Eating Disorders Association

Dinner Guests

- I will be filling my table
- I would like to donate _____ seats back to NEDA

Please indicate any food restrictions

NEDA is a registered 501 (c)3 nonprofit organization.
Federal Tax ID # 13-3444882

The non-deductible portion of each reservation is \$100. If you choose not to attend the event, your contribution may be fully tax-deductible.

If you are paying by credit card, you may fax this reservation form to the NEDA Office at 212-575-1650.

National Eating Disorders Association
www.MyNEDA.org

Return Reservation Form To:
NEDA
165 W. 46th Street | Suite 402
New York, NY 10036

For Event Information Please Contact
(201) 941-6064
neda@trustaffairs.com