

RSVP

PLEASE ACCEPT MY RESERVATION

(Check one)

HERO CIRCLE—\$50,000

- Two tables with premier seating for your party of twenty
- Prominent recognition at the event and in all materials

LEADERSHIP CIRCLE—\$25,000

- Premium seating for your party of ten
- Recognition at the event and in all materials

COMMITMENT CIRCLE—\$10,000

- Priority seating for your party of eight
- Recognition at the event and in all materials

RECOVERY CIRCLE—\$5,000

- Preferred seating for your party of four
- Recognition at the event and in select materials

SPIRIT OF COURAGE—\$3,000

- Preferred seating for two guests
- Recognition at the event and in select materials

BENEFACTOR

- Seating for one guest
 - Recognition at the event and in select materials
- __ Ticket(s) @ \$1,250 = \$ _____

INDIVIDUAL RESERVATION(S)

__ Ticket(s) @ \$1,000 = \$ _____

JUNIOR RESERVATION(S)

__ Ticket(s) @ \$300 = \$ _____
Guests under age 30

NO, I CANNOT ATTEND

but please accept my tax deductible contribution of \$ _____
in support of NEDA

I will be filling my table.

Dinner Guests: _____

I will be donating (#) _____ seats back to NEDA

PLEASE COMPLETE OTHER SIDE

PLEASE REPLY BY JUNE 1, 2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

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TOTAL PLEDGE AMOUNT: \$ _____

Check (payable to NEDA)

Credit Card #: _____ Exp. Date: _____ CVV: _____

Name on Card: _____ Billing Zip: _____

Signature: _____ Date: _____

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Please indicate any food restrictions: _____



National Eating Disorders Association

NEED MORE INFO?

(212) 575-6200 or
jgreen@myneda.org

NEDA is a registered 501(c)3 nonprofit organization.
Tax ID #13-3444882. The non-deductible portion of each
reservation is \$240. If you choose not to attend the event,
your contribution may be fully tax-deductible.

If paying by check, all payments must be received
by August 15, 2017.

If you are paying by credit card, you may fax this sheet to
212-575-1650. Or mail to:
NEDA | 200 W. 41st Street, Suite 1203 | New York, NY 10036