

Healing, Hope and Heroes

THURSDAY | APRIL 7, 2016 | 6:30PM
GOTHAM HALL | 1356 BROADWAY | NEW YORK CITY



SUPPORT OPPORTUNITIES

LEADERSHIP CIRCLE

- Contribution of \$25,000
- Leadership Circle seating for your party of ten
- 4 VIP tickets for a meet and greet with Mariel Hemingway
- Full-page ad in the Event Program
- Premium recognition in the Event Program and on appropriate event materials

COMMITMENT SPONSOR

- Contribution of \$10,000
- Preferred seating for your party of eight
- Half-page ad in the Event Program
- Recognition in the Event Program and on appropriate event materials

FEEDING HOPE SPONSOR

- Contribution of \$5,000
- Preferred seating for your party of four
- Quarter-page ad in the Event Program
- Recognition in the Event Program and on appropriate event materials

SPIRIT OF COURAGE

- Contribution of \$3,000
- Preferred seating for two guests
- Recognition in the Event Program and on appropriate event materials

BENEFACTOR

- Contribution of \$1,250
- Seating for one guest
- Recognition in the Event Program

KINDLY REPLY BY MARCH 31, 2016

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

Yes, please accept my reservation:

- | | |
|---|--------------------|
| <input type="checkbox"/> Leadership Circle \$25,000 | Table of Ten |
| <input type="checkbox"/> Commitment Sponsor \$10,000 | Table of Eight |
| <input type="checkbox"/> Feeding Hope Sponsor \$5,000 | Seating for Four |
| <input type="checkbox"/> Spirit of Courage Sponsor \$3,000 | Seating for Two |
| <input type="checkbox"/> Benefactor \$1,250 ea. | Seating for One |
| <input type="checkbox"/> Individual Reservation \$1,000 ea. | # of Guests: _____ |
| <input type="checkbox"/> Junior Reservation \$300 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)

Credit Card

Name on Credit Card _____

Card Number: _____

Exp Date _____ Billing Zip _____

Signature _____

I will be filling my table

I would like to donate _____ seats back to NEDA

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

The non-deductible portion of each reservation is \$200. 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 June 7, 2016.

If you are paying by credit card, you may fax this sheet to 212-575-1650. Or mail to:

NEDA
165 W. 46th Street | Suite 402
New York, NY 10036

Need More Info? (973) 897-1261 or kristina@trustaffairs.com