

# YES!

# I WILL JOIN THE 2010 SPONSORSHIP!

- CHAMPION OF WOMEN'S RIGHTS**  
\$75,000 Three 10-seat tables, press campaign, 2 full-page premium program ads, VIP seating, acknowledgement at gala, product insert & recognition in program
- BETTY FRIEDAN VISIONARY**  
\$50,000 Two 10-seat tables, press campaign, full-page premium program ad, VIP seating, acknowledgement at gala, product insert & recognition in program
- SOJOURNER TRUTH HEROINE**  
\$25,000 One 10-seat table, full-page premium program ad, VIP seating, product insert & recognition in program
- ALICE PAUL PIONEER**  
\$15,000 One 10-seat table, full-page program ad, recognition in program
- EQUAL RIGHTS DEFENDER**  
\$10,000 Eight tickets, half-page program ad, recognition in program
- WOMEN'S RIGHTS TRAILBLAZER**  
\$1,000 Two tickets, listing in program; two one year memberships to NOW-NYC
- ACTIVIST SUPPORTER**  
\$500 One ticket, listing in program

## I WOULD LIKE TO PLACE AN ACKNOWLEDGEMENT IN THE PROGRAM

\* limited availability

The deadline for program ads is Monday, May 31st.

- Back Cover\* \$4,500 Contribution – 7"X9.5"
- Inside Front Cover\* \$4,000 Contribution – 7"X9.5"
- Inside Back Cover\* \$3,500 Contribution – 7"X9.5"
- Premium Page\* \$3,000 Contribution – 7"X9.5"
- Preferred Page\* \$2,500 Contribution – 7"X9.5"
- Full-page Ad \$2,000 Contribution – 7"X9.5"
- Half-page Ad \$1,500 Contribution – 7"X4"

Name \_\_\_\_\_

Please print your name above as you wish it to appear on the program.

Business \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax/Email \_\_\_\_\_

Attending for \_\_\_\_\_  
Awardee Name

For networking purposes we are creating a listing of attendees to hand-out at the event and post on our website. Please check here  to allow your information to be shared.

Profession \_\_\_\_\_

Other information you would like to include: \_\_\_\_\_

If paying by check, please make payable to NOW-NYC 501(c)(4) or The Service Fund of NOW-NYC 501(c)(3).

Please charge my contribution to:  VISA  Mastercard  AMEX

I wish to contribute to:  **NOW-NYC**  
 **The Service Fund of NOW-NYC.**

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_/\_\_\_/\_\_\_  
year

Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please email [brielle@nownyc.org](mailto:brielle@nownyc.org),  
fax **212.627.9861**  
or mail in the enclosed envelope.

If you have any questions or would like to request an electronic copy of this form, please call our office at **212.627.9895.**

Mail to: **NOW-NYC 150 W. 28th St.,  
Suite 304, NY, NY 10001-6103**