

I WILL JOIN THE 2011 SPONSORSHIP

<input type="radio"/>	CHAMPION OF WOMEN'S RIGHTS \$50,000 Two 10-seat tables, press campaign, two page spread in program, VIP seating, acknowledgement at gala, product insert & recognition in program
<input type="radio"/>	BETTY FRIEDAN VISIONARY \$25,000 One 10-seat table, press campaign, full-page premium program ad, VIP seating, acknowledgement at gala, product insert & recognition in program
<input type="radio"/>	SOJOURNER TRUTH HEROINE \$15,000 One 10-seat table, full-page premium program ad, VIP seating, product insert & recognition in program
<input type="radio"/>	ALICE PAUL PIONEER \$10,000 One 10-seat table, full-page program ad, recognition in program
<input type="radio"/>	WOMEN'S RIGHTS TRAILBLAZER \$1,000 One ticket, listing in program; VIP Cocktail reception
<input type="radio"/>	ACTIVIST SUPPORTER \$500 One ticket, listing in program

Tickets can be purchased online at www.nownyc.org

I WOULD LIKE TO PLACE AN ACKNOWLEDGEMENT IN THE PROGRAM
The deadline for program ads is Tuesday, May 31st.

<input type="radio"/>	Back Cover*	\$4,500 Contribution – 6"X8.5"
<input type="radio"/>	Inside Front Cover*	\$4,000 Contribution – 6"X8.5"
<input type="radio"/>	Inside Back Cover*	\$3,500 Contribution – 6"X8.5"
<input type="radio"/>	Premium Page*	\$3,000 Contribution – 6"X8.5"
<input type="radio"/>	Full-page Ad	\$2,000 Contribution – 6"X8.5"
<input type="radio"/>	Half-page Ad	\$1,500 Contribution – 6"X4"

Ads should be submitted in black & white in pdf format, or simply provide text for design. Gradients permitted.
Email ad or text to brielle@nownyc.org

* limited availability

2011 WOMEN OF POWER & INFLUENCE AWARDS

Your Name _____

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

Business _____

Business Address _____

Home Address _____

Business Tel _____

Home Tel _____

Fax/Email _____

Attending in Support of: _____

Awardee Name

- For networking purposes we are creating a listing of attendees to share at the event.
Please check here to be featured in our Networking Book

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 501(c)(4)
 The Service Fund of NOW-NYC 501(c)(3).

Name as it appears on card: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Card #: _____

Exp. ___ / ___ / ___

Amount \$ _____

Signature: _____

Please email brielle@nownyc.org
or 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**