

YES! I WILL JOIN THE 2008 SPONSORSHIP!

- CHAMPION OF WOMEN'S RIGHTS**
\$50,000 10-seat table, press campaign, full page premium program ad, VIP Seating, VIP Cocktail reception, acknowledgement at gala, product insert & recognition in the gala program
- BETTY FRIEDAN VISIONARY**
\$25,000 10-seat table, full page program ad, VIP Cocktail reception, recognition in the gala program
- SOJOURNER TRUTH HEROINE**
\$15,000 10-seat table, full page program ad, VIP Cocktail reception, recognition in the gala program
- ALICE PAUL PIONEER**
\$10,000 8 tickets; half page program ad, VIP Cocktail reception, listing in the gala program
- WOMEN'S RIGHTS ACTIVIST**
\$1,000 2 tickets; listing in the gala program
- TICKET** \$500 Single ticket, listing in the gala program

I WOULD LIKE TO PLACE AN ACKNOWLEDGEMENT IN THE PROGRAM:

- Back Cover** \$3,500 Contribution (6 inches in width by 8.5 inches in height)*
- Inside Front Cover** \$3,000 Contribution (6 inches in width by 8.5 inches in height) **SOLD OUT**
- Inside Back Cover** \$2,500 Contribution (6 inches in width by 8.5 inches in height)*
- Full page ad** \$2,000 Contribution (6 inches in width x 8.5 inches in height)
- Half page ad** \$1,000 Contribution (6 inches in width x 4 inches in height)

* limited availability

- Please send me _____ invitations to send to my friends and colleagues.
- My company has a matching program and I would like my gift to be matched.
- Enclosed is my contribution of \$_____ for _____ tickets.
- I will be unable to attend, but wish to make a contribution. My gift of \$_____ is enclosed.
- I do not wish to be listed on the program, but offer a contribution of \$_____

Deadline for program ad and to be listed in the program is:

May 30, 2008

Please fill out the information on the back of this form

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 _____

Guest of _____

If paying by check, please make payable to NOW-NYC or The Service Fund of NOW-NYC.

Please charge my contribution to: VISA Mastercard AMEX

Please circle one:

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

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____ Exp. ___/___/___
year

Amount \$ _____

Signature:

Please email WPlaward@nownyc.org, fax **212.627.9861**
or mail in the enclosed envelope.

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

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