

RSVP

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____

Please make checks payable to ***Village Center for Care Fund***
and return in the enclosed envelope.

Please charge my credit card \$ _____ .
American Express _____ Visa _____ Mastercard _____
Credit Card Number _____
Expiration Date _____ Signature _____

I/We cannot celebrate with you on May 20th, but would like to contribute \$ _____.

For additional information, please contact Shannon Lavin at 212.337.5743 or ShannonL@vcny.org.
Contributions are tax-deductible as allowed by law; the non-deductible portion of each ticket is \$135.

Sponsorship Packages

- **\$10,000 Access** Includes ten tickets with priority seating, customized branding opportunities, inclusion in press releases and all benefits listed in the below packages.
- **\$5,000 Benefactor** Includes ten tickets with preferred seating, sponsorship listing on website, public announcement at the event and all benefits listed below.
- **\$3,000 Patron** Includes ten tickets, listing in printed program and signage at the event.

Individual Tickets

- Includes hors d'oeuvres, full open bar, silent auction and runway show.
- **\$1,000 Reserved Seating**
 - **\$300 (\$250 if purchased by May 10, 2010)**