

LUNGEVITY FOUNDATION'S CELEBRATION OF HOPE GALA  
Wednesday, November 9, 2016  
Mandarin Oriental Hotel  
New York, NY

RESPONSE FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Work

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the appropriate box:

Yes, I/We would like to be a sponsor of the LUNgevity Foundation Gala

Table(s):

\$100,000 Hope  \$50,000 Diamond  \$25,000 Platinum

\$15,000 Gold  \$10,000 Silver  \$5,000 Bronze

Ticket(s):

\$2,500 Patron  \$1,500 Leadership  \$750 Friend

Yes, I/We would like to purchase a gala program book ad

\$5,000 Full-Page  \$3,500 Half-Page  \$2,500 Quarter-Page

Regrets:

I/We are unable to attend, but would like to include a tax-deductible donation of \$ \_\_\_\_\_

PAYMENT INFORMATION

Enclosed is a check made payable to LUNgevity Foundation in the amount of \$ \_\_\_\_\_

for a \_\_\_\_\_ sponsorship or \_\_\_\_\_ ticket(s) and/or \_\_\_\_\_ donation.

Please charge \$ \_\_\_\_\_ to my credit card

Credit card:  American Express  Discover  MasterCard  Visa

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Information (if different from above):

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please list my name(s) in the Gala Program Book as: \_\_\_\_\_

To be listed in the Gala Program Book, please return this form by October 26, 2016. The deadline to place an ad is October 26, 2016.