



## Annual Spring Gala

Friday, March 7, 2014

National Building Museum

Washington, D.C.

To reserve your table/ticket, please complete this form and mail, fax or e-mail to:

Prevent Cancer Foundation Annual Spring Gala  
1600 Duke Street, Suite 500, Alexandria, VA 22314  
fax: (703) 836-4413

kristen.fagley@preventcancer.org

Please reserve: (Sponsor benefits attached separately)

- \_\_\_\_\_ **Exclusive Presenting Sponsor-\$100,000** (\$97,000 tax-deductible)  
(Premier seating for thirty)
- \_\_\_\_\_ **Premier Benefactor-\$50,000** (\$48,000 tax-deductible)  
(Premier seating for twenty)
- \_\_\_\_\_ **Benefactor Plus-\$35,000** (\$33,800 tax-deductible)  
(Preferred table for twelve)
- \_\_\_\_\_ **Benefactor-\$25,000** (\$24,000 tax-deductible)  
(Preferred table for ten)
- \_\_\_\_\_ **Patron Plus-\$15,000** (\$14,000 tax-deductible)  
(Table for ten)
- \_\_\_\_\_ **Patron-\$10,000** (\$9,000 tax-deductible)  
(Table for ten)
- \_\_\_\_\_ **Sponsor-\$7,000** (\$6,200 tax-deductible)  
(Table for eight –**Limited number of tables available at this level.**)
- \_\_\_\_\_ **Individual-Patron- \$1,000** (\$900 tax-deductible)  
(Priority Seating and listing in program)
- \_\_\_\_\_ **Individual-Friend-\$500** (\$400 tax-deductible)

**SPONSOR:**

**(Please print sponsor name as you wish it to appear in all printed materials.)**

**Contact Name:**

**Address:**

**City, State, Zip**

**Daytime Phone:**

**Fax:**

**E-mail:**

**PLEASE INDICATE FORM OF PAYMENT:**

- ☐ **Enclosed is a check for \$** \_\_\_\_\_ **, payable to Prevent Cancer Foundation.**  
(Tax ID #52-1429544)
- ☐ **Please charge \$** \_\_\_\_\_ **to my:** ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa  
Account # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Name as it appears on card (please print): \_\_\_\_\_
- ☐ **We will be unable to participate, but enclosed is a check for: \$** \_\_\_\_\_
- ☐ **Please send an invoice to:** \_\_\_\_\_  
In the amount of: \$ \_\_\_\_\_