



Annual Spring Gala

Friday, March 6, 2015

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:

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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: \$ _____