

**NEW YORK CHAPTER**



New York Chapter, Arthritis Foundation  
122 East 42nd Street  
New York, NY 10168-1898

**Reservation/Contribution Reply**

**Please reserve:**

- \_\_\_\_\_ A **Founders' Gala Package** at \$50,000, which includes a priority table for 10, a gold-page ad in the evening's journal, and special recognition during the awards presentation.
  
- \_\_\_\_\_ A **Founders' Benefactor Package** at \$25,000, which includes a preferred table for 10, a silver-page ad in the evening's journal, and recognition during the awards presentation.
  
- \_\_\_\_\_ A **Founders' Corporate Package** at \$20,000, which includes a table for 10 and a bronze-page ad in the evening's journal.
  
- \_\_\_\_\_ A **Founders' Patron Package** at \$15,000, which includes a table for 10 and a full-page ad in the evening's journal.
  
- \_\_\_\_\_ A **Founders' Sponsor Package** at \$10,000, which includes a table for 10 and a listing in the evening's journal.
  
- \_\_\_\_\_ Individual tickets at \$650.
  
- \_\_\_\_\_ I cannot attend but agree to contribute \$\_\_\_\_\_.
  
- \_\_\_\_\_ Bill me for \$\_\_\_\_\_.
  
- \_\_\_\_\_ I enclose a check in the amount of \$\_\_\_\_\_.

All checks should be made payable to New York Chapter, Arthritis Foundation, and should be mailed to the attention of: Daniel T. McGowan and David C. Clapp, Gala Co-chairmen, New York Chapter, Arthritis Foundation, 122 East 42nd Street, 18th Floor, New York, NY 10168-1898. (212) 984-8702. The nondeductible portion of each Gala ticket is \$200.

LET'S  
*Move*  
TOGETHER!

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

Firm: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Guest List

Names and affiliations of guests (please type):

1. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

\_\_\_\_\_

## Journal Ad

Please indicate your choice for an ad in our Gala's journal.

\_\_\_ Gold Page..... \$10,000

\_\_\_ Silver Page .....\$8,500

\_\_\_ Bronze Page.....\$6,500

\_\_\_ Full Page ..... \$5,000

\_\_\_ Half Page..... \$3,000

Please indicate your journal ad contact person:

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

Telephone: \_\_\_\_\_

Return in enclosed envelope.

## Ad Specifications

**Full-page ad:** trim size 7" x 10";

bleed size 7.5" x 10.5"

**Half-page ad:** trim size 7" x 5";

bleed size 7.5" x 5.25"

Please provide electronic file to:

sboyer@arthritis.org

and mail a black and white paper proof to:

Daniel T. McGowan

David C. Clapp

Gala Co-chairmen

New York Chapter, Arthritis Foundation

122 East 42nd Street, 18th Floor

New York, NY 10168-1898

**Deadline is Thursday, October 22.**

Please keep these ad specifications for your reference.