

COMMITMENT TO A CURE

Reception

Thursday, November 1, 2018 • JFK Presidential Library and Museum Boston, MA

Guest Information

Company/Contributor Name: _____
Contact Person: _____
Title: _____
Address: _____ Suite/Floor: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Telephone: _____ Fax: _____
Date: _____ * Payment due 30 days after commitment date

Payment Information

- Presenting \$25,000
Gold \$15,000
Silver \$10,000
Bronze \$5,000
General Ticket \$350 x _____ = _____
Full Page \$2,000
Half Page \$1,000
Quarter Page \$750
Business Card (black & white) \$500
I am unable to attend but would like to make a contribution. Total Amount: _____

- Check enclosed payable to the Arthritis Foundation
Credit Card (Please Circle) Visa MasterCard AMEX Discover

Credit Card Number: _____
CV Number: _____ Expiration Date: _____
Name on Card: _____
Signature: _____

Please return completed form to:

Arthritis Foundation
29 Crafts Street, Suite 100
Newton, MA 02458
c/o Commitment To a Cure

asavisky@arthritis.org

