

CHAMPIONS *of* CHOICE

5.10.2016

RESPONSE FORM (please complete both sides)

SPONSORSHIPS*

- ☐ YES, I/we would like to be a PRINCIPAL sponsor(s) at \$25,000
- ☐ YES, I/we would like to be a GRAND sponsor(s) at \$15,000
- ☐ YES, I/we would like to be a MAJOR sponsor(s) at \$10,000
- ☐ YES, I/we would like to be a sponsor(s) at \$5,000

*All of the above include a prime table for up to ten (10) and recognition in the program.

BENEFIT TICKETS

_____ Number of FOUNDER tickets at \$1,000 SUBTOTAL \$ _____

_____ Number of LEADER tickets at \$500 SUBTOTAL \$ _____

_____ Number of JUNIOR LEVEL tickets at \$125 SUBTOTAL \$ _____
(For individuals who are 30 years of age and younger.)

I/WE ARE UNABLE TO ATTEND BUT HAVE ENCLOSED A CONTRIBUTION OF \$ _____

NAME(S) _____

Please print name(s) exactly as you wish it (them) to appear

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____ FAX (_____) _____

E-MAIL _____

FORM OF PAYMENT

☐ I want to support the innovative programs of the NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH (Contributions, less \$112.50 per ticketed guest, are tax-deductible.)

☐ I want to support the highly effective political work of the NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH ACTION FUND (formerly NARAL Pro-Choice New York*) (Non-Tax Deductible)

☐ ENCLOSED IS MY CHECK

Please make check payable to either National Institute for Reproductive Health or National Institute for Reproductive Health Action Fund

☐ PLEASE CHARGE MY CREDIT CARD ☐ Visa ☐ Mastercard ☐ Amex

Credit Card# _____

Exp. Date _____ Signature _____

* The National Institute for Reproductive Health Action Fund is not affiliated with NARAL Pro-Choice America. "NARAL" and "NARAL PRO-CHOICE AMERICA" are trademarks of NARAL Pro-Choice America.

WWW.CHAMPIONSOFCHOICENY.ORG



NATIONAL
INSTITUTE FOR
REPRODUCTIVE
HEALTH

