

HOPE BENEFIT

I/We wish to reserve the following:

- HOPE Patron at \$25,000, includes reserved seating for ten guests, a Diamond digital journal page and Patron program listing.
- HOPE Benefactor at \$10,000, includes reserved seating for eight guests, a Gold digital journal page and Benefactor program listing.
- HOPE Friend at \$5,000, includes four tickets, a Green digital journal page and Friend program listing.
- Individual Ticket at \$1,000, includes one ticket, a Pink digital journal page and a Supporter Program Listing.
- Individual Journal Ad at \$500, includes a Blue digital journal page.

All but \$100 per individual dinner ticket is tax-deductible.

- Enclosed is our check payable to HOPE at NYU Child Study Center in the amount of \$_____.
- If you anticipate making your payment through a private foundation or donor-advised fund, please contact your legal advisor.
- We are unable to attend but wish to make a 100% tax-deductible contribution in the amount of \$_____ to support HOPE at the NYU Child Study Center and NYU Langone Medical Center.

Please charge my gift of \$_____ to:

AmEx _____ M/C _____ Visa _____

Account Number _____ Exp. date _____

Name on Account _____

Signature _____

Name for Program Listing _____

For further information, please contact the special events office at 212-404-3654; or fax 212-404-3546 or email speialevents@nyumc.org

*If you are supporting the benefit at the HOPE Patron or Benefactor level, please call or email with the names of your guests by January 26, 2009.

Thank you for your support.

DIGITAL JOURNAL

The digital journal will be displayed in a slide presentation format on screens at the event. Ads are designed in color and feature a color border at the level purchased. Journal ads will appear repetitively in proportion to donation level throughout the evening.

Diamond Ad.....	\$25,000
Gold Ad.....	\$10,000
Green Ad.....	\$5,000
Pink Ad.....	\$1,000
Blue Ad.....	\$500

AD REQUIREMENTS

SUPPLIED MATERIAL: Please provide your ad in word format, JPEG, QUARK, TIF, or PDF. The ad should be at least 4" X 5" and 300DPI. Electronic files of camera-ready ads or company logos should be supplied via email. If only copy is to appear, or if copy is to accompany a logo submitted by email, please print legibly the message you would like to include, and we will be happy to typeset it for you.

I/We agree to purchase a _____ advertisement for the digital journal and have enclosed a check in the amount of \$ _____ .

I/We have purchased a sponsorship and have enclosed materials for a complimentary advertisement.

Copy to be used in journal (if camera-ready art is not supplied):

Please submit all copy/artwork by January 26, 2009.

NYU Langone Medical Center
Office of Special Events
One Park Avenue, 10th Floor
New York, NY 10016
Phone: 212-404-3654 Fax: 212-404-3546
Email: specialevents@nyumc.org