

EARLY RESERVATIONS

I/WE WILL ATTEND THE FWA WOMEN OF THE YEAR AWARDS ON APRIL 23, 2014.

TABLES

GRAND PATRON

Premium Table for 10 at \$25,000 x _____ TABLES \$ _____

BENEFACTOR

Prime Table for 10 at \$15,000 x _____ TABLES \$ _____

CORPORATE

Table for 10 at \$10,000 x _____ TABLES \$ _____

FWA PARTNER

Half-Table for 5 at \$6,000 x _____ TABLES \$ _____

YES I WOULD LIKE TO SERVE ON THE BENEFIT COMMITTEE AND BY PLEDGING A TABLE, BE LISTED ON THE PROMOTIONAL MATERIALS.

Please list my name as follows _____

TICKETS

FWA PATRON

(2) Premium Tickets at \$3,000 x _____ GUESTS \$ _____

FWA MEMBER INDIVIDUAL TICKET

(1) Ticket at \$225 x _____ GUESTS \$ _____

NON-MEMBER INDIVIDUAL TICKET

(1) Ticket at \$400 x _____ GUESTS \$ _____

JOURNAL ADS QUALIFIES FOR BMO MATCHING GRANT

FWA CHAMPION

(1) Full-Page Black/White Ad at \$1,000 x _____ ADS \$ _____

FWA SUPPORTER

(1) Half-Page Black/White Ad at \$500 x _____ ADS \$ _____

FWA FRIEND

(1) Business Card Black/White Ad at \$250 x _____ ADS \$ _____

I/WE ARE UNABLE TO ATTEND, BUT PLEASE ACCEPT MY/OUR FULLY TAX-DEDUCTIBLE CONTRIBUTION OF \$ _____ . QUALIFIES FOR BMO MATCHING GRANT

YES, MY COMPANY HAS A MATCHING GRANT PROGRAM.

INFORMATION about tickets, tables, ads, sponsorships, call 212-843-1733, website www.FWADinner2014.org, email FWADinner@pepnyc.com, fax 212-843-1730. Or write FWA 215 Park Avenue South, Suite 1712, New York, NY 10003

NAME(S) _____

TITLE/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

My check is enclosed. (Please make payable to FWA of New York Educational Fund)

Please invoice me.

Please charge my credit card. (Visa, MasterCard, American Express)

CARD # _____ EXP. DATE _____ SEC. CODE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

**The non-tax-deductible portion per ticket is \$150.