

Reservation Form

Please reserve the following:

_____ **Obscenely Generous \$35,000**

- > VIP seating for 10 guests for dinner and show
- > Photo opportunity with Judy Blume & Friends
- > Logo displayed on screens at the event
- > Inside cover advertisement in event journal
- > Link to company website on NCAC website

_____ **Indecently Generous \$25,000**

- > Premiere seating for 10 guests for dinner and show
- > Photo opportunity with Judy Blume & Friends
- > Full-page advertisement in event journal
- > Link to company website on NCAC website

_____ **Offensively Generous \$15,000**

- > Priority seating for 10 guests for dinner and show
- > Half-page ad in event journal
- > Link to company website on NCAC website

_____ **Profanely Generous \$7,000**

- > Seating for 8 for dinner and show
- > Quarter-page ad in event journal
- > Link to company website on NCAC website

_____ **Patently Generous**

- _____ Ticket(s) \$1,500 Priority Seating
_____ Ticket(s) \$ 500 Reserved Seating
_____ Ticket(s) \$ 300 Open Seating

_____ I/we cannot join you at this time, but would like to make a contribution of \$ _____

All sponsors above will be listed on printed material.

(please turn over for payment and journal ad information)

Journal Ads

Celebrate NCAC's 35th Anniversary by placing a tribute ad in the special anniversary journal. Ads are 1 color (black) and should be sent as high-resolution pdfs to freespeechcelebration@gmail.com.

Deadline for receipt of ads is October 10th. Ad sizes below are width x height.

_____ Outside Back Cover (5" x 8") > \$5,000	= \$ _____
_____ Inside Cover (5" x 8") > \$3,500	= \$ _____
_____ Full-page (5" x 8") > \$2,000	= \$ _____
_____ Half-page (5" x 3.75") > \$1,000	= \$ _____
_____ Quarter-page (5" x 1.75") > \$500	= \$ _____
_____ Business card (2.25" x 1.75") > \$350	= \$ _____

Payment Information

Please make checks payable to

NCAC, 275 Seventh Avenue, Suite 1504, New York, NY 10001

Please print your name exactly as you wish it to appear in our printed material (please print clearly). All sponsors listed on printed material.

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PLEASE CIRCLE ONE: American Express Visa Mastercard

CREDIT CARD NUMBER _____ EXP. DATE _____

Credit card address (if different from above) _____

SIGNATURE _____

The non-deductible portion of each ticket is \$100. All other gifts are tax-deductible as allowed by law.

For additional information

PHONE (212) 721-4071 | FAX (212) 721-4074 | EMAIL FreeSpeechCelebration@gmail.com

(please turn over for table and ticket information)