



University Hospital of
Columbia University College
of Physicians & Surgeons



411 West 114th Street, Suite 2C
New York, NY 10025
Tel (212) 523-4728
Fax (212) 523-4781
www.cvtc-slr.org

SPONSOR REPLY FORM

Name: _____
 Address: _____
 _____ State _____ Zip _____
 Phone: _____ (W) _____ (H)
 Email: _____

Yes, I (we) am (are) proud to support *Celebrating 30 years of Transforming Lives*.
Please record my (our) name(s) in printed materials as follows:

Name as you wish it to appear (or Anonymous)

Sponsorship Levels (please check one)

- Champion** \$25,000 includes fifteen tickets to the gala; opportunity to speak at benefit event; public acknowledgement of support of the forensic treatment room through name and/or plaque; premium placement of company logo on all relevant publicity and printed material and signage placement;
- Hero** \$15,000 includes fifteen tickets to the gala; acknowledgement by emcee; public acknowledgement of support of the forensic treatment room through name and/or plaque; premium placement of company logo on all relevant publicity and printed material and signage placement
- Partner** \$10,000 includes ten tickets to the gala; premium placement of company logo on all relevant publicity and printed material and signage placement; public acknowledgement in program and by emcee.
- Friend** \$5,000 includes five tickets to the gala; premium placement of company logo on all relevant publicity; public acknowledgement in program and by emcee.
- Supporter** \$1,000 includes three tickets to the gala; public acknowledgement in the program.
- Patron** \$500 includes two tickets to the gala; public acknowledgement in the program.
- Individual** \$200 one advance ticket to the gala. \$250 at the door (checks only)
- Silent Auction Donation** I would like to donate an item to your gala to be placed in the Silent Auction

Enclosed is my check made payable to CVTC/St. Luke's-Roosevelt Hospital Center in the amount of \$_____.

I cannot attend but please accept my contribution in the amount of \$_____ to support the work of CVTC.

Please charge my: American Express Visa MasterCard Discover
 Card Number _____ Exp. Date _____

Name as it appears on card _____

Signature _____

There are three ways to reply: (1) Return this form in the envelope provided, (2) Fax the form to the Crime Victims Treatment Center at (212) 523-4781 (3) Call the Crime Victims Treatment Center at (212) 523-4728 to place a credit card order.

Your sponsorship donation will be tax-deductible to the full extent allowed by the law.

