

* OPPORTUNITIES FOR SUPPORT *

PLATINUM BENEFACTOR: \$10,000

(\$9,100 tax-deductible)

- Preferred seating and dinner for ten
- Full page program ad
- Benefactor recognition at event
- Sponsor mention from podium
- Press release sponsor mention
- Website listing with link
- Newsletter listings (2)
- Annual Report listing

GOLD BENEFACTOR: \$5,000

(\$4,100 tax-deductible)

- Preferred seating and dinner for ten
- Half page program ad
- Benefactor recognition at event
- Sponsor mention from podium
- Press release sponsor mention
- Website listing with link
- Newsletter listings (2)
- Annual Report listing

SILVER BENEFACTOR: \$2,500

(\$1,780 tax-deductible)

- Preferred seating and dinner for eight
- Quarter page program ad
- Benefactor recognition at event
- Website listing
- Newsletter listing

BRONZE BENEFACTOR: \$1,500

(\$780 tax-deductible)

- Preferred seating and dinner for eight
- Program Listing
- Benefactor recognition at event
- Website listing
- Newsletter listing

PATRON: \$500 (\$320 tax-deductible)

- Two dinners
- Program listing

FRIEND: \$150 (\$60 tax-deductible)

- One dinner

* TABLE HOST *

- Yes, I would like to be a table host. A table host makes a commitment to fill a table of ten. Reservations may be sent in individually or as a group. Table hosts will receive recognition in the program book.
- Allow the committee to seat me
- Seat me with the following:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If you have any questions or require *special dietary considerations*, please contact Bernadette or Eileen at 216-662-5700 or at development@womankindcleveland.com

Reservations must be received by October 1, 2010 for all program listings. Deadline for other reservations is Monday, October 25, 2010.

* RESPONSE CARD *

I/we will be attending. Please reserve ___ seats at the _____ level for the enclosed \$_____.

I/we cannot attend but enclosed is a tax-deductible donation of \$_____.

PLEASE LIST YOUR NAME AS YOU WISH IT TO APPEAR IN THE PROGRAM (IF APPLICABLE).

Please remit payment to **Womankind**

Check enclosed VISA MasterCard

NAME ON CREDIT CARD (PLEASE PRINT)

_____/_____/_____/_____
ACCOUNT NUMBER

____/____
EXP. DATE (MM/YY)

3 DIGIT SEC. CODE FROM
BACK OF CARD

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL ADDRESS