



NAME / COMPANY

(Please print as you wish to be listed)

ADDRESS

CITY / STATE / ZIP

PHONE

FAX

E-MAIL

- I/WE WOULD LIKE TO BE AN **UNDERWRITER** AT \$25,000 (OR MORE) \$_____
- I/WE WOULD LIKE TO PURCHASE OR ASSEMBLE _____ TABLE(S) OF TEN AT THE FOLLOWING LEVEL:
- \$10,000 **SPONSOR** \$7,000 **PATRON** \$5,000 **SUPPORTER**
- I/WE WOULD LIKE TO PURCHASE _____ TICKET(S) AT THE FOLLOWING LEVEL:
- \$1,250 **PLATINUM** \$750 **GOLD** \$550 **SILVER**

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- IN ADDITION, I/WE WOULD LIKE TO UNDERWRITE THE COST OF A TICKET(S) FOR _____ RESEARCHER(S) AT \$_____ (MINIMUM OF \$550 PER RESEARCHER)
- I/WE CANNOT ATTEND, BUT ENCLOSE OUR FULLY TAX-DEDUCTIBLE CONTRIBUTION OF \$_____
- ENCLOSED IS MY CHECK FOR \$_____
- PLEASE CHARGE MY CREDIT CARD FOR \$_____
- AMEX MASTERCARD VISA DISCOVER

ACCOUNT NUMBER

EXPIRATION DATE

NAME ON CARD

SECURITY CODE

PLEASE RESPOND PRIOR TO **JANUARY 24TH** IF YOU WISH TO BE LISTED IN THE PROGRAM.

PLEASE MAKE CHECKS PAYABLE TO:

THE BREAST CANCER RESEARCH FOUNDATION

PLEASE MAIL THE COMPLETED FORM OR FAX TO 646-497-0890.

FOR ADDITIONAL INFORMATION, PLEASE CALL 646-497-2606 OR EMAIL TSALERNO@BCRFCURE.ORG.

THE BREAST CANCER RESEARCH FOUNDATION IS A 501(C)(3) ORGANIZATION.

YOUR CONTRIBUTION IS TAX DEDUCTIBLE, LESS \$85 PER TICKET FOR THOSE WHO ATTEND.

PLEASE TURN OVER



MY GUEST(S) WILL BE...

PLEASE SEAT ME WITH...
