



National Meningitis Association Gala 2010

GIVE KIDS A SHOT!

“A Benefit to Save Lives in the Fight Against Meningitis, a Vaccine-Preventable Disease”

Monday, April 26, 2010 • New York Athletic Club • New York, New York

RESERVATIONS

*All Contributions of \$1,000 or More Will Be Listed in the Scroll of Honor
All Gala Donors Will Be Listed In the Evening’s Program*

LEADERSHIP PACKAGES

- HEROES FOR TOMORROW:** *Four Tables of Ten, Top VIP Seating & Listing in Scroll of Honor* **\$100,000**
- LIFE AMBASSADORS:** *Three Tables of Ten, VIP Seating & Listing in Scroll of Honor* **\$75,000**
- CHILDRENS CHAMPIONS:** *Two Tables of Ten, VIP Seating & Listing in Scroll of Honor* **\$50,000**
- GUARDIANS OF LIFE:** *Table of Ten, VIP Seating & Listing in Scroll of Honor* **\$25,000**
- PATRONS OF HOPE:** *Table of Ten & VIP Listing in Scroll of Honor* **\$15,000**
- YOUTH BENEFACTORS:** *Table of Ten & Premier Listing in Scroll of Honor* **\$10,000**
- HUMANITARIANS FOR HEALTH:** *4 Tickets & Premier Listing in Scroll of Honor* **\$5,000**
- WELLNESS SPONSORS:** *2 Tickets & Premier Listing in Scroll of Honor* **\$2,500**

TICKETS

- FRIEND TICKET:** *One Ticket & Friend Listing in Scroll of Honor* **\$1,000**
- TICKET:** *One Ticket* **\$500**

SCROLL OF HONOR

- VIP LISTING** **\$5,000**
- PREMIER LISTING** **\$2,500**
- FRIEND LISTING** **\$1,500**

CONTRIBUTIONS

- Regretfully, I/we cannot attend but will contribute \$_____

Enclosed is my check made out to National Meningitis Association for \$_____

I will log on to www.nmaus.org to pay by credit card in the amount of \$_____

Please list me in the Program as: _____

Name _____

Company _____

Address _____

City/State/Zip _____

Telephone/Day _____ Telephone/Evening _____

FAX _____ Email _____

Send to: **GIVE KIDS A SHOT!**
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