

September 30, 2009
Harvard Club of New York City
6:30 to 8:30 p.m.
Cocktail Reception, Presentation & Live Auction

The Children's Aid Society
Celebrates 25 Years of the
Carrera Adolescent Pregnancy
Prevention Program



CONTACT INFORMATION

Company _____
Name/Title _____ Contact Person _____
Address _____
(This address will be used when mailing acknowledgements.)
Telephone _____ Fax _____ Email _____
(Please list exactly as you would like to appear in printed materials.)

YES, I would like to support *The 25th Anniversary of The Children's Aid Society Carrera Adolescent Pregnancy Prevention Program*
at the following level:

- CHAMPION at \$50,000** (\$48,400 tax deductible) Exclusivity as Presenting Sponsor on all event materials, Underwrites the cost of the event, includes cocktail reception and preferred seating at the auction for 20, plus a full page outside back cover ad in the Commemorative Journal.
- HERO at \$25,000** (\$23,800 tax deductible) Includes cocktail reception and preferred seating at the auction for 15, plus a platinum page ad in the Commemorative Journal.
- LEADER at \$10,000** (\$9,200 tax deductible) Includes cocktail reception and seating at the auction for 10, plus a gold page ad in the Commemorative Journal.
- MENTOR at \$5,000** (\$4,520 tax deductible) Includes cocktail reception and seating at the auction for 6, plus a black & white full page ad in the Commemorative Journal.
- FRIEND at \$2,500** (\$2,340 tax deductible) Includes cocktail reception and seating at the auction for 2, plus a black & white half page ad in the Commemorative Journal.

I would like to purchase INDIVIDUAL TICKET(S) at \$250 each _____
(Please indicate the number of tickets you wish to purchase in the space provided. The tax deductible portion for each ticket is \$170.00.)

COMMEMORATIVE JOURNAL ADVERTISEMENT

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Inside Front Cover..... | \$6,000 | <input type="checkbox"/> Gold Full Page | \$3,000 |
| <input type="checkbox"/> Inside Back Cover | \$6,000 | <input type="checkbox"/> Black & White Full Page..... | \$2,000 |
| <input type="checkbox"/> Platinum Full Page | \$4,000 | <input type="checkbox"/> Black & White Half Page | \$1,000 |
| | | <input type="checkbox"/> Listing | \$500 |

Space reservations and hi-resolution camera ready artwork are due by September 15, 2009; early placement is recommended.
(Note: Ads are black and white, trim size of full page ad is non-bleed 7.5" x 10.0". Half page ad is 7.5" x 4.75".)

CONTRIBUTIONS

I cannot attend but am pleased to make a contribution in the amount of \$ _____
(Contributions are fully tax-deductible.)

PAYMENT INFORMATION & CONFIRMATION

- Please charge my credit card. American Express Discover MasterCard Visa

Name (as it appears on card) _____ Signature _____
Card No. _____ Exp. Date _____

- Fax this form to The Children's Aid Society at 212.477.3705.
- I/we have enclosed a check made payable to: The Children's Aid Society Carrera Program.
- Please send me an invoice.

Online payments may be made at www.childrensaidsociety.org/stop-teen-pregnancy

Please *sign* here to confirm your Table, Ticket and/or Journal Advertisement selections: _____

For questions, please contact Susan Melnyk at 917.885.9807 or susanm@childrensaidsociety.org.

Thank You For Your Support