

JOAN HISAKA

"MAKE A DIFFERENCE" GALA
ASSISTING THOSE LIVING WITH CANCER

Sponsorship Benefits Reply Form

All sponsors contributing \$3,000 or more will be listed in both the printed invitation and the program journal if response and payment are received by July 26, 2010. All other sponsors will be listed in the program journal if response and payment are received by September 3, 2010.

Company/Individual Name: _____
(Please print name as you would like it listed in the program.)

Contact: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I/ we will attend the Third Annual Joan Hisaoka "Make a Difference" Gala on September 24, 2010 at the Mandarin Oriental in Washington, D.C., and would like to support Life with Cancer® by making a contribution at the selected sponsorship level(s):

- | | | |
|---|-----------|--|
| <input type="checkbox"/> Presenting Sponsor | \$100,000 | Three tables of 10 with premium seating |
| <input type="checkbox"/> Diamond Sponsors | \$75,000 | Two tables of 10 with premium seating |
| <input type="checkbox"/> Platinum Sponsors | \$50,000 | Two tables of 10 with premium seating |
| <input type="checkbox"/> Gold Sponsors | \$25,000 | Two tables of 10 - one with premium seating and one with preferred seating |
| <input type="checkbox"/> Silver Sponsors | \$15,000 | Two tables of 10 with preferred seating |
| <input type="checkbox"/> Benefactors | \$10,000 | One table of 10 with preferred seating |
| <input type="checkbox"/> Friends | \$7,500 | One table of 10 |
| <input type="checkbox"/> Donors | \$5,000 | Six tickets to the Gala |
| <input type="checkbox"/> Contributors | \$3,000 | Four tickets to the Gala |
| <input type="checkbox"/> Supporters | \$1,500 | Two tickets to the Gala |

I/ we cannot attend, but would like to make a tax-deductible contribution.

Enclosed is my check made payable to Life with Cancer® in the amount of \$ _____

Completed pledge forms should be sent via mail, email or fax to:

Make a Difference Gala
c/o BRAVO! Events by Design
Attn: Rebecca Zweig
611 Pennsylvania Ave SE Fl 2
Washington, DC 20003
Email: makeadifference@aboutbravo.com

Life with Cancer® is part of Inova Health System, a 501(c)(3) healthcare system in Northern Virginia. FEIN number 54-1071867

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Phone: (202) 543-7388 Fax: (202) 543-7393

**For sponsors contributing \$3,000 or more, payment and form should arrive by
July 26, 2010.**

All other sponsor forms and payments should arrive by September 3, 2010.

*Questions may be addressed to Rebecca Zweig via the phone number or email
address listed above.*