

RE-IMAGINING CHARITY



**CABRINI MISSION  
FOUNDATION**

# 2009 GALA & AWARDS

- \$100,000....UNDERWRITER  
Head Table Seating for Twenty (20) • Logo on Cabrini Website • Acknowledgement from the Stage • Logo on Gala Electronic Screen • Spotlight in Newsletter.
- \$50,000....BENEFACTOR  
Priority Seating for Table of Ten (10) • Listing on Cabrini Website • Logo on Gala Electronic Screen • Listing in Newsletter.
- \$25,000....PATRON  
Prime Seating for Table of Ten (10) • Listing on Cabrini Website • Logo on Gala Electronic Screen • Listing in Newsletter.
- \$12,500....GUARDIAN  
Preferred seating for table of ten (10) • Listing on Cabrini Website • Logo on Gala Electronic Screen.
- \$5,000....SPONSOR  
Table of ten (10) • Sponsor Listing on Gala Electronic Screen • Listing on Cabrini Website.
- \$1,250....FRIEND TICKET  
Individual Ticket • Friend Listing on Gala Electronic Screen.
- \$500....DONOR TICKET
- \$300....MISSIONARY SISTER SPONSOR  
I am pleased to sponsor \_\_\_\_ TICKETS at \$300 for Missionary Sisters to attend.
- \$1,000....GALA ELECTRONIC SCREEN AD
- I am unable to attend but would like to make a contribution to the Cabrini Mission Foundation

THE NON-DEDUCTIBLE PORTION OF EACH TICKET IS \$200. TAX ID# 13-4000672

See payment options on reverse side.

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# 2009 GALA & AWARDS

**HONORING:** Marvell Scott, MD, CSCS and Frances Marinaro

## GALA ELECTRONIC SCREEN AD

**YES, I would like to purchase a GALA ELECTRONIC SCREEN AD for \$1,000**

*(Note: Electronic Ad is included for Underwriter, Benefactor, Patron, Guardian, Sponsor and Friend tickets)*

Please email PowerPoint slide or artwork and text to [atorres.cabrini@gmail.com](mailto:atorres.cabrini@gmail.com)

**ADVERTISING AND MATERIALS SUBMISSION DEADLINE:** May 14, 2009

**PAYMENT OPTIONS:** Please fill in all required information and select a payment option below.

- Ticket total from reverse side ..... \$ \_\_\_\_\_
- Gala Electronic Screen (see above)..... \$ \_\_\_\_\_  
*(Note: Electronic Ad is included for Underwriter, Benefactor, Patron, Guardian, Sponsor and Friend tickets)*
- I am unable to attend but wish to support the Cabrini Mission Foundation ..... \$ \_\_\_\_\_  
*(Note: Your contribution is tax-deductible)*
- Total..... \$ \_\_\_\_\_

Enclosed is my check for \$\_\_\_\_\_. Please make checks payable to: Cabrini Mission Foundation

Please charge \$\_\_\_\_\_ to my \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AmEx \_\_\_ Discover

Credit card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Note: You can RSVP or contribute online at [www.cabrinifoundation.org](http://www.cabrinifoundation.org)

For questions or additional information regarding submission requirements, please contact:

**Aida Torres, 212.228.8608 or email [atorres.cabrini@gmail.com](mailto:atorres.cabrini@gmail.com)**