

LIGHT UP THE NIGHT

ATTENDEES

BILLING INFORMATION

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ PHONE _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

____ ENCLOSED IS A CHECK PAYABLE TO:
 PEDIATRIC CANCER FOUNDATION

____ PLEASE BILL MY CREDIT CARD
 I UNDERSTAND A 3% CREDIT CARD FEE WILL BE APPLIED TO
 ANY CHARGE FOR TICKET PURCHASES/DONATIONS

NAME ON CARD _____
 CREDIT CARD NUMBER _____
 EXP. DATE _____ CVV _____
 SIGNATURE _____

ALL CONTRIBUTIONS ARE TAX-DEDUCTABLE IN ACCORDANCE WITH IRS REGULATIONS
 FOR QUESTIONS PLEASE CONTACT NANCY JOSELSON AT 914-777-3127

TO RSVP AND REGISTER ONLINE GO TO:
[HTTPS://PCFGALA19.GIVESMART.COM](https://PCFGALA19.GIVESMART.COM)
 JOURNAL FINAL DEADLINE **OCTOBER 5, 2019**

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TICKETS AND JOURNAL PACKAGES

P A C K A G E S		
____ GALA SPONSOR	\$25,000	25 TICKETS, RESERVED SEATING & PREMIUM INSIDE COVER JOURNAL AD
____ EVENT SPONSOR	\$10,000	10 TICKETS, RESERVED SEATING & SPONSOR JOURNAL AD
____ LEADER	\$5,000	6 TICKETS & LEADER JOURNALAD
____ SUPPORTER	\$2,500	4 TICKETS & SUPPORTER JOURNALAD
____ FRIEND	\$1,500	2 TICKETS & FRIEND JOURNALAD
GALA TICKETS & CONTRIBUTIONS		JOURNAL ADS
____ NUMBER OF TICKETS AT \$250 EACH		____ GOLD PAGE \$1,000
____ I AM UNABLE TO ATTEND BUT WISH TO MAKE A CONTRIBUTION		____ SILVER PAGE \$500
\$ _____		____ BRONZE PAGE \$250
		____ LISTING \$100
PACKAGES		\$ _____
JOURNAL ADS ONLY		\$ _____
INDIVIDUAL TICKETS		\$ _____
CONTRIBUTIONS		\$ _____
TOTAL		\$ _____

JOURNAL ADS WILL BE ACCEPTED UNTIL **OCTOBER 5, 2019**
 AT: **PCFJOURNAL2019@AOL.COM** OR
 BY MAIL AT: PEDIATRIC CANCER FOUNDATION
 P.O.BOX 785 MAMARONECK, NY 10543