

Please RSVP BY Friday November 1st

Contact Name

Guest Name

Company Name

Address

City/State/Zip

Daytime Phone:

Evening Phone:

Email:

Master Card VISA AmEx Discover Amount: \$

Card#

Exp.Date

CV Code

Please make checks payable to:

Northeast Kidney Foundation

22 Colvin Avenue * Albany, NY 12206

For more information call, 518-533-7880 or email
carol@healthykidneys.org

Platinum \$5,000 - 6 tickets

Logo on commemorative video, in newsletter and press recognition, sponsor signage at event and on program

Gold \$2,500 - 4 tickets

Company name on video, sponsor signage at event and on program

Silver \$1,500 - 2 tickets

Company name on program and sponsor sign at event

Honorary Committee \$500 - 2 tickets

Company name on sponsor sign at event

Friend \$195 - 1 ticket

