

amfAR Gala Milano

to benefit amfAR, The Foundation for AIDS Research

SATURDAY, SEPTEMBER 22, 2018

La Permanente, Milan, Italy

REGISTRATION FORM

FOR ALL PAYMENT METHODS,
PLEASE EMAIL THIS FORM TO

amfarmilano@amfar.org

Contact Name _____

Guest Name, if different (as it should appear on printed materials) _____ No listing please.

Company _____

Address _____

City _____ State/Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-mail (required) _____

FOR INFORMATION ON CORPORATE SPONSORSHIP PACKAGES, PLEASE CONTACT ANDREW BOOSE AT aboose@aabproductions.com OR +1.212.219.0297, OR CAROLINA NERI AT carolina@carolinaneri.com OR +39 02 36 51 25 25.

I/WE WISH TO RESERVE:

___ **GRAND PHILANTHROPIST PACKAGE(S)** at **€40,000**

(prime, first choice, dinner seating for 12 guests, "Grand Philanthropist" listing in event program, "Event Chair" listing in materials and press releases, additional benefits)

___ **GRAND BENEFACTOR PACKAGE(S)** at **€25,000**

(premium dinner seating for 10 guests, "Grand Benefactor" listing in event program, "Event Co-Chair" listing in materials, additional benefits)

___ **BENEFACTOR PACKAGE(S)** at **€17,500**

(preferred dinner seating for 10 guests, "Benefactor" listing in event program)

___ **BENEFACTOR "PAIR"** at **€10,000**

(prime dinner seating for two guests, "Benefactor" listing in event program)

___ **PATRON TICKET(S)** at **€2,500**

(preferred dinner seating, "Patron" listing in event program)

___ **SUPPORTER TICKET(S)** at **€1,750**

(dinner seating, "Supporter" listing in event program)

- I/We cannot attend, but would like to make a contribution to amfAR in the amount of _____.

- A check made payable to amfAR in the amount of \$ _____ is enclosed.

- Please bill my AmEx Visa MasterCard Discover in the amount of € _____.

Credit Card Number _____ Expiration Date _____ Security Code _____

Signature _____ If corporate card, name of company _____

- I am transferring funds in the amount of € _____ to Bank of America / 100 West 33rd Street / New York, NY 10001/ USA / for credit to The Foundation for AIDS Research (Concentration Account) / ABA #0260-0959-3 / Account #009427761547 / Swift Code: BOFAUS3N

amfAR
MAKING AIDS HISTORY

Checks made payable to amfAR may be mailed to amfAR/amfAR Milano, 120 Wall Street, 13th Floor, New York, NY 10005. For further information, please contact Danielle Shapiro at amfarmilano@amfar.org or +1.212.806.1612. All tickets are non-refundable. Payments in excess of \$550 per person and contributions in return for which no goods or services were received are tax deductible as charitable contributions (amfAR's Tax ID #13-3163817).