

amfAR Gala Los Angeles 2019

to benefit amfAR, The Foundation for AIDS Research
OCTOBER 10, 2019

REGISTRATION FORM

FOR ALL PAYMENT METHODS,
PLEASE EMAIL OR FAX
THIS FORM TO:

e: amfargalalosangeles@amfar.org

t: +1.212.806.1611

f: +1.917.591.8156

Information marked with an asterisk (*) is required.

*Name (as it should appear in printed materials) _____ No listing please.

Company _____

*Address _____

*City _____ *State/Country _____ *Zip/Postal Code _____

*Telephone _____ *E-mail _____

PLEASE CHOOSE YOUR LEVEL OF SUPPORT FROM THE FOLLOWING OPTIONS:

TABLES

PHILANTHROPIST (\$75,000 or more)

- Premier gala dinner seating with one table for 12 guests
- Co-Chair listing for one individual in printed and electronically delivered materials
- Listing on event page at www.amfar.org

VICE CHAIR (\$50,000)

- Prime gala dinner seating with one table for 10 guests
- Vice Chair listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org

GRAND BENEFACTOR (\$35,000)

- Preferred gala dinner seating with one table for 10 guests
- Grand Benefactor listing in invitation and event program

BENEFACTOR (\$20,000) - Limited Availability

- Gala dinner seating with one table for 10 guests
- Benefactor listing in event program

TICKETS

PHILANTHROPIST (\$15,000)

- Premier gala dinner seating for one guest
- Philanthropist listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org

VICE CHAIR (\$7,500)

- Prime gala dinner seating for one guest
- Vice Chair listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org

GRAND BENEFACTOR (\$5,000)

- Preferred gala dinner seating for one guest
- Grand Benefactor listing in invitation and event program

BENEFACTOR (\$3,000) - Limited Availability

- Gala dinner seating for one guest
- Benefactor listing in event program

_____/We wish to purchase _____ **FULL PAGE AD(S) at \$10,000.**

Payment must be made in full when reserving your ad, and the final, print-ready ad must be received by 10 A.M. EST on Monday, September 23, 2019. (Someone from amfAR will email you the ad specs upon receipt of this registration form.)

- I/We cannot attend, but would like to make a contribution to amfAR in the amount of US\$ _____.
 - I am transferring funds in the amount of US\$ _____ 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
 - Please bill my AmEx Visa MasterCard Discover in the amount of US\$ _____.
- Credit Card Number _____ Expiration Date _____ Security Code _____
- Signature _____ If corporate card, name of company _____

You may mail payment to amfAR Gala Los Angeles / amfAR, 120 Wall Street, 13th Floor, New York, NY 10005-3908, USA, or fax this form to +1 (917) 591-8156.

For those purchasing event tickets and/or tables who reside in countries where tax deductions are applicable, payments in excess of \$400 per person are tax-deductible as charitable contributions. Contributions in return for which no goods or services were received are tax-deductible as charitable contributions (Tax ID #13-3163817). A copy of amfAR's latest annual report may be obtained, upon request, from amfAR or from the New York State Attorney General's Charities Bureau, 120 Broadway, New York, NY 10271.

amfAR
MAKING AIDS HISTORY