

amfAR Gala Los Angeles 2018

to benefit amfAR, The Foundation for AIDS Research

THURSDAY, OCTOBER 18, 2018

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 on electronically delivered materials and in event program
- 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 on electronically delivered materials and in event program
- 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 on 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 on electronically delivered materials and in event program
- Listing on event page at www.amfar.org

VICE CHAIR (\$7,500)

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

GRAND BENEFACTOR (\$5,000)

- Preferred gala dinner seating for one guest
- Grand Benefactor listing on 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 Wednesday, September 19, 2018. (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. You may also purchase tickets online at amfAR.kintera.org/LA2018.

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.

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MAKING AIDS HISTORY