

CABARET

PARK AVENUE ARMORY | NOVEMBER 15, 2018
SPECIAL PERFORMANCE BY EARTH, WIND & FIRE

TABLES

— **GOLD PHILANTHROPIST | \$150,000**

Includes premier seating for 12, listing as a Gold Philanthropist in the *Journal*, and a Limited Placement *Journal* ad.

— **PHILANTHROPIST | \$100,000**

Includes premier seating for 10, listing as a Philanthropist in the *Journal*, and a Premier *Journal* ad.

— **UNDERWRITER | \$50,000**

Includes premium seating for 10, listing as an Underwriter in the *Journal*, and a Premium *Journal* ad.

— **VICE CHAIR | \$30,000**

Includes preferred seating for 10, listing as a Vice Chair in the *Journal*, and a Preferred *Journal* ad.

Up to two extra seats are available at your table for an additional cost.

TICKETS

— **PATRON | \$10,000** Includes preferred seating for one and a listing in the *Journal*.

— **GOLD BENEFACTOR | \$5,000** Includes special seating for one and a listing in the *Journal*.

— **BENEFACTOR | \$2,500** Includes seating for one and a listing in the *Journal*.

CONTRIBUTIONS

— I/We regretfully cannot attend, but would like to make a contribution of \$_____.

For more information on tables and tickets, please contact Amanda Martignetti at 212.921.9070 ext. 17 or nypweillcornell@thejfmgroup.com.

JOURNAL ADS

LIMITED PLACEMENT: _____ Back Cover | \$50,000

SOLD OUT

_____ Inside Front Cover | \$25,000

SOLD OUT

_____ Inside Back Cover | \$25,000

FULL COLOR: _____ Premier Page | \$10,000

_____ Premium Page | \$7,500

_____ Preferred Page | \$5,000

BLACK AND WHITE: _____ Supporter Page | \$2,000

Closing date for the *Journal* is October 19, 2018. For more information on the *Journal*, please contact

Nancy Davis at 212.921.9070 ext. 12 or nypwcmjournal@thejfmgroup.com.

Please complete form on reverse side >

Please complete all fields:

Name or Company Name (as it should appear in the *Journal*)

Contact

Company

Address

City

State

Zip Code

Phone

Email

Enclosed is my/our check in the amount of \$_____ payable to Weill Cornell Medical College.

Please charge \$_____ to my/our: ___ American Express ___ Mastercard ___ Visa

Card Number

Expiration Date

Name (as it appears on card)

Signature

___ This is a corporate card.

Corporation Name

**Please send your reservation via fax to 646.962.0124 or mail to
CABARET 1300 York Avenue, Box 314, New York, NY 10065**

\$450/\$4,500 per ticket/table is non-deductible. Contributions and *Journal* ads are fully tax-deductible to the extent allowed by law. Payments and contributions are non-refundable. IRS regulation (IRC 4967) currently prohibits the use of a Donor Advised Fund grant to pay for all or any portion (whether taxable or non-taxable) of the admission price to attend an event.