

The Coalition for Hemophilia B
2nd Annual Fundraising Dinner
March 20, 2009

Name _____

I am delighted to attend!

Enclosed please find my check in the amount of \$ _____

\$ _____ (\$ 500 per person) _____ Guests

\$ _____ (\$5000 table of 10) _____ Table(s)

Gift Opportunities

- Platinum Sponsor \$5000** - 10 Reservations
Includes Full Page Ad and Symposium Exhibit Booth
- Golden Patron \$4000** - 8 Reservations & 1/2 Page Ad
- Silver Patron \$3000** - 6 Reservations & 1/2 Page Ad
- Benefactor \$2000** - 4 Reservations & 1/2 Page Ad
- Friend \$1000** - 2 Reservations & 1/4 Page Ad
- Individual \$ 500** - Single Reservation

I am unable to attend

However, as a donation I have enclosed a check for \$ _____

Donations of over \$2500 include 1/2 Page Ad in Event Program

Donations of \$1000 to \$2499 include 1/4 Page Ad in Event Program

(All donations will be listed in the Event Program)

Please make checks payable to:

The Coalition for Hemophilia B:

825 Third Avenue, Suite 226; New York, New York 10022

All contributions to *The Coalition for Hemophilia B* are tax
deductable in accordance with IRS Section 501(c)3