

Museum of Chinese in America

FIRST ANNUAL CELEBRATION OF COMMUNITY HEROES

Please indicate your reservation below:

Signature Sponsor \$10,000

*One banquet table for ten, preferred seating
Acknowledgement on website with logo
Signature Level full page recognition in printed
program, premium placement
Acknowledgement at event and in printed program*

Gold Sponsor \$5,000

*One banquet table for ten, preferred seating
Acknowledgement on website with logo
Gold Level full page recognition in printed program
Acknowledgement at event and in printed program*

Silver Sponsor \$3,500

*One banquet table for ten
Acknowledgement on website with logo
Silver Level half page recognition in printed program
Acknowledgement at event and in printed program*

Bronze Sponsor \$2,000

*One banquet table for ten
Bronze Level half page recognition in printed program
Acknowledgement at event and in printed program*

Patron Ticket \$200

*One banquet ticket
Acknowledgement at event and in printed program*

Friend Ticket \$150

Full-Page Program Recognition 5.5x8.5 in. \$600

Half-Page Program Recognition 5.5x4.25 in. \$300

*Please provide a high-resolution PDF file, or a 300 dpi TIF or JPG.
Please include crop marks and bleed. Deadline for program recognition
submissions is April 20.*

*From 4–6 pm, all guests are invited to attend an
exclusive event at MOCA, 215 Centre Street, to meet
and greet photographers featured in the upcoming
exhibit, America Through A Chinese Lens.*

Yes, I will attend. Number of guests _____

Sponsor Information

Please print your name exactly as it should be listed in the program.

Name/Org _____

Contact Person _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Please return form:

Email: celebration@mocanyc.org

Fax: 212.619.4720

Mail: MOCA Celebration, 215 Centre St.
New York, 10013

For more information, please contact
MOCA Celebration Desk, 212.619.4785 x4149.

Payment

Checks may be made payable to Museum of Chinese in America.

I am enclosing a check in the amount of \$ _____

Please charge my payment to:

Visa Mastercard American Express Discover

Card # _____

Exp. date _____

Name as it appears on card _____

Signature _____

The non-deductible amount for each ticket is \$50.
Contributions are fully tax-deductible to the extent
allowed by law. EIN: 11-2517055.

