

A CELEBRATION OF
**Freedom
 & Justice**

**INNOCENCE
 PROJECT**
 ANNIVERSARY **25**



**TUESDAY, MAY 16, 2017
 6:30PM
 MARRIOTT MARQUIS TIMES SQUARE**

I/WE WISH TO SUPPORT AT THE FOLLOWING LEVEL:

- FREEDOM & JUSTICE CHAMPION - \$100,000**
 Includes premier placement of two tables for ten, special mention from the podium, your logo/name included in on-screen presentation, and a listing and a premier two-page ad spread in the journal
 - VISIONARY - \$50,000**
 Includes premier placement of a table for twelve, your logo/name included in on-screen presentation, and a listing and prime full-page ad in the journal
 - REFORMER - \$25,000**
 Includes prominent placement of a table for ten and a listing and full-page ad in the journal
 - LEADER - \$15,000**
 Includes preferred placement of a table for ten and a listing and half-page ad in the journal
 - PARTNER - \$10,000**
 Includes a table for ten and a listing in the journal
 - ADVOCATE TICKET(S) - \$1,500**
 Includes preferred seating for one and a listing in the journal
 - FRIEND TICKET(S) - \$1,000**
 Includes seating for one and a listing in the journal
- I am unable to attend but wish to make a gift of \$ _____
 (Donations of \$1,000 or more will be recognized in the journal)

ANNIVERSARY JOURNAL ADS:

- Back Cover at \$5,000
- Inside Front Cover at \$3,500
- Inside Back Cover at \$3,500
- Black & White Full-Page at \$1,000

AD DEADLINE: Wednesday, April 19th. Ad Specifications: Full-Page: 7.5" x 7.5", Half-Page 3.625" high x 7.5" wide. All ads print in black & white and may be prepared from your written copy; camera-ready black & white (non-bleed) artwork; or email high resolution print-ready PDF files with all images and fonts embedded to InnocenceProject@cmevents.net. If you have any questions, please call 212.763.8599.

NAME _____

COMPANY/AFFILIATION _____

I wish to be listed by: Name or Company My company matches gifts! Yes, please send me email updates about the Innocence Project

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

PAYMENT:

Enclosed is a check for \$ _____ made payable to Innocence Project

Please charge my: VISA MasterCard
 AMEX Discover A TOTAL OF \$ _____

CARD NUMBER _____ EXP _____

NAME ON CARD _____

SIGNATURE _____

For further information, please contact the Benefit Office at 212.763.8599.

RESERVATIONS MAY BE MAILED TO: Innocence Project Benefit, c/o CMI Events, 1325 Sixth Ave., 27th Fl, NY, NY 10019; emailed to: InnocenceProject@cmevents.net; or faxed to: 212.763.8577. For online reservations, visit www.InnocenceProject.org/benefit.

Innocence Project is a 501(c)3 charitable organization. Tax ID 32-0077563. All contributions, including journal ads, are tax-deductible to the extent allowed by law. The non-deductible portion of each ticket is \$200.

www.innocenceproject.org/benefit