

A CELEBRATION OF FREEDOM & JUSTICE

TUESDAY, MAY 8, 2018 6:30 PM
SHERATON NEW YORK TIMES SQUARE HOTEL



SPONSORSHIPS & TICKETS

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)

JOURNAL ADS

- BACK COVER AT \$5,000**
- INSIDE BACK COVER AT \$3,500**
- INSIDE FRONT COVER AT \$3,500**
- BLACK & WHITE FULL-PAGE AT \$1,000**

AD DEADLINE: WEDNESDAY, APRIL 11TH.

Ad Specifications: Full-Page Ads are 7.5" x 7.5", Half-Page Ads are 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 high resolution print-ready PDF files with all images and fonts embedded. Email to InnocenceProject@cmeevents.net.

CONTACT INFORMATION

NAME _____

COMPANY/AFFILIATION _____ I wish to be listed by Name or Company
 My company matches gifts!

ADDRESS _____

CITY _____

STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

Yes, please send me email updates about the Innocence Project

For further information, please contact the Benefit Office at 347.545.1981.
www.innocenceproject.org/benefit

PHOTO: SAMEER ABDEL-KHALEK

PAYMENT

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

Please charge \$_____ to my:
 VISA MasterCard AMEX Discover

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____

SIGNATURE _____

RESERVATIONS MAY BE MAILED TO: Innocence Project Benefit Office, c/o CMI Events, 1325 Sixth Ave., 27th Fl, NY, NY 10019; emailed to: InnocenceProject@cmeevents.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 \$220.