



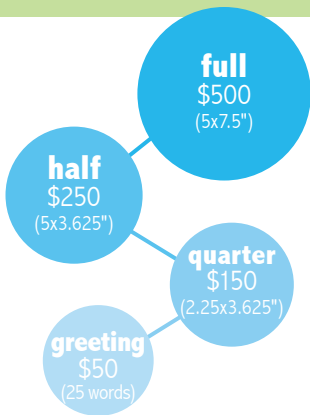
- I/We would like to join you on November 10.
_____ tickets at \$175 per person.
- I/We regretfully cannot attend but want to support NTSAD with a gift of \$ _____.
- I/We want to honor NTSAD with a sponsorship and/or program book ad.

All sponsors will get a program book ad and their logo on NTSAD's website.

SPONSOR LEVELS:

- CURE** (\$10,000) — sixteen tickets and a full-page color program book ad (inside or outside back cover)
- HOPE** (\$5,000) — ten tickets and a full-page color program book ad (inside cover)
- INSPIRATION** (\$2,500) — six tickets and a ½-page program book ad
- DETERMINATION** (\$1,000) — four tickets and a ¼-page program book ad

PROGRAM BOOK AD SIZES:



Submit your program book ad to joan@ntsad.org by November 1. Any images should be sent as a JPG or PDF.



Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Guest(s): _____

RSVP BY NOVEMBER 1, 2016

Email to joan@NTSAD.org or online at www.NTSAD.org.

Enclosed is a check for \$ _____ made payable to NTSAD,
or please charge my credit card (AMEX/MasterCard/VISA/Discover):

Name on Credit Card: _____

Credit Card #: _____ Exp: _____

Billing Zip Code: _____

Signature: _____



National Tay-Sachs & Allied Diseases Association

2001 Beacon Street, Suite 204, Boston, MA 02135

(800) 90-NTSAD • (617) 277-4463 • www.NTSAD.org