

# White Nights Annual Benefit

July 11, 2011

**\$50,000 Sponsor Table**

Ten orchestra tickets to the Opening Night performance, one premium table for ten at the post-performance Dinner, and recognition as Sponsor, including on-site acknowledgement and listing in all event materials

**\$25,000 Premiere Table**

Ten orchestra tickets to the Opening Night performance, one premiere table for ten at the post-performance Dinner, and listing in all event materials

**\$15,000 Prime Table**

Ten orchestra tickets to the Opening Night performance, one prime table for ten at the post-performance Dinner, and listing in the event program

**\$10,000 Patron Table**

Ten orchestra tickets to the Opening Night performance, one table for ten for dinner at the post-performance Dinner, and listing in the event program

**\$2,500 Premiere Single Ticket(s)**

One orchestra ticket to the Opening Night performance, premiere individual seating at the post-performance Dinner, and listing in the event program

**\$1,500 Prime Single Ticket(s)**

One orchestra ticket to the Opening Night performance, prime individual seating at the post-performance Dinner, and listing in the event program

**\$1,000 Patron Single Ticket(s)**

One orchestra ticket to the Opening Night performance, individual seating at the post-performance Dinner, and listing in the event program

**\$750 General Single Ticket(s)**

I/We cannot attend the event, but would like to make a tax-deductible contribution in the amount of \$ \_\_\_\_\_

Tickets for all reservations received by June 30th will be mailed to the address indicated on the response card. Tickets for reservations received after June 30th will be held at guest will-call at The Metropolitan Opera House for pick-up on the evening of July 11th.

## R.S.V.P.

Please list my/our name as follows in the evening's program:

\_\_\_\_\_

My guests are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My check is enclosed

Please make checks payable to White Nights Foundation of America

Please charge my  American Express  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please return response card by mail with payment to:

**White Nights Benefit Office**

1776 Broadway, Suite 701, New York, NY 10019

F. (203) 298-4724

For more information, please call (203) 298-4722 or email events@wnfa.org.  
For tax purposes, \$350 per ticket (\$3,500 per table) is non-deductible.