SUPER NOVAThe Hot Pink Party 2017



Friday, May 12, 2017 The Park Avenue Armory 7:00pm - Cocktails 7:45pm - Dinner 9:00pm - Concert

www.hotpinkparty.org

Please return this form to: BCRF, 60 East 56th Street, 8th Floor, New York, NY 10022 **Phone:** 646-497-2650 **Fax:** 646-497-0890 _____ No listing please. Please print exactly as you wish to appear in printed materials (for gifts of \$1,000 or more). **Contact Person** (if other than the above) ___ Company Name ___ *Address __ _____ *State ____ *Zip ____ *City *Email *Phone Please respond before February 15, 2017 to be listed in the invitation. TABLES -I/We would like to be a **COSMIC UNDERWRITER** at \$250,000+ T I/We would like to be a **BIG BANG BENEFACTOR** at \$150,000+ \$\square\$\$ I/We would like to purchase _____ table(s) of ten (10) at the following level: \$100,000 Hot Pink Galaxy \$50,000 Hot Pink Cosmos \$20,000 Hot Pink Constellation \$30,000 Hot Pink Solstice Up to two additional seats are available at your table for \$10,000, \$5,000, \$3,500, \$2,500 per ticket. INDIVIDUAL TICKETS —— I/We would like to purchase _____ ticket(s) at the following level: \$10,000 Pink Eclipse \$5,500 Pink Sun \$3,500 Pink Moon \$2,500 Pink Star **DONATION** I/We are unable to attend but enclose a tax-deductible contribution of \$_____ Enclosed is a **check** made out to the **Breast Cancer Research Foundation** for \$___ Please charge my **credit card** for \$_____ AMEX VISA M/CARD DISCOVER ______ Exp. Date _____ Card Number ____ Name on Card _ Security Code —