



RESERVATION AND CONTRIBUTION FORM

Thursday, April 28, 2022
The Harvard Club,
New York City
Reception: 6:30pm
Dinner: 7:30pm
Black Tie Optional

GALA CO-CHAIRS

Dr. H. David Reines &
Nina Totenberg
George & Anitha Varughese

ALUMNI GALA CO-CHAIRS

Drs. Raj & Tina Narayan
Drs. Honorine Ward & Shiv Pillai

SPECIAL GUEST / EMCEE

Lesley Stahl
CBS Broadcast Journalist

SPONSOR LEVELS:

- Gala Underwriter with a gift of **\$50,000.**
 - Premier Seating for 2 Tables of 10 guests
 - 20 invitations to the Guest of Honor Reception
 - Two-page spread ad
 - Prominent Recognition on printed materials and from podium
 - Listing as a Gala Underwriter
- Gala Benefactor with a gift of **\$25,000.**
 - Prime table seating for 10 guests
 - 6 invitations to the Guest of Honor Reception
 - 4 invitations to the General Reception
 - One-page ad
 - Recognition at event
 - Listing as a Gala Benefactor
- Gala Patron with a gift of **\$10,000.**
 - Table seating for 10 guests
 - 4 invitations to Guest of Honor Reception/ 6 invitations to the General Reception
 - Half Page ad
 - Recognition at event
 - Listing as a Gala Patron
- Gala Sponsor with a gift of **\$5,000.**
 - Table seating for 10 guests
 - 2 invitations to Guest of Honor Reception/ 8 invitations to the General Reception
 - Listing as a Gala Sponsor

TICKETS:

- Please reserve _____ Premier Ticket(s) at **\$750** each.
 - Listing as a Premier Ticket
 - Invitation to the Guest of Honor Reception
- Please reserve _____ Individual Ticket(s) at **\$400** each.

PAYMENT OPTIONS

- Payment is enclosed
- I am unable to attend, but wish to contribute \$ _____
- Please invoice me for the amount specified above or \$ _____
- Please charge my AMEX MasterCard
- Visa for \$ _____

Return this form to:
Donnie Manetta -
donnie@poweredbyprofessionals.com
Ph: (347) 723-2780

Mailing Address:
VELLORE CMC FOUNDATION
Attention: Spring Gala
475 Riverside Drive, Suite 725
New York, NY 10115

Card # _____ Exp. ___ / ___ SC _____

Signature: _____

Listing (as you would like it to appear in print) and Contact Info.:

Name _____ Title _____
Firm _____
Address _____
City / State / Zip _____
Phone (____) _____ / E-mail _____