

TABLE SPONSORSHIPS Please fill in quantity

Founder Sponsorship - \$25,000

- VIP table for 12 at the Dinner Reception and performance
- VIP pre-show cocktail party tickets for 12 guests
- Acknowledgment on website, press release & select event signage
- Acknowledgment by Host during Performance
- Full Page ad & special recognition in Gala program

CEO Sponsorship - \$15,000

- Premier table for 10 at the Dinner Reception and performance
- Acknowledgment on website, press release & select event signage
- Acknowledgment during reception
- Half Page ad & special recognition in Gala program
 Provident Superposition (\$10,000)

President Sponsorship - \$10,000

- Prime table for 10 at the Dinner Reception and performance
- Quarter Page ad & special recognition in Gala program

Entrepreneur Sponsorship - \$7,500

- Preferred table for 10 at the Dinner Reception and performance
- Special recognition in the Gala program

SINGLE TICKETS Please fill in quantity

Producer Ticket - \$1,000

- 1 prime ticket for Dinner Reception and performance
- Special recognition in the Gala program

Director Ticket - \$500

• 1 preferred ticket for Dinner Reception and performance

PROGRAM ADS* Please fill in quantity

_ Full-Page - \$5,000

• Includes full-page ad and special recognition in the program

___ Half-Page - \$2,500

• Includes half-page ad and special recognition in the program

__ Quarter-Page - \$1,000

• Includes quarter-page ad and special recognition in the program

PLEASE COMPLETE YOUR O	RDER check & fill in all that apply		
O I/WE WOULD LIKE	PACKAGE(S) @ \$	EACH	
O I/WE WOULD LIKE	TICKET(S) @ \$	EACH	
O I/WE WOULD LIKE	PROGRAM LISTING(S)	@ \$ EA	ACH
O I/WE CANNOT ATTEND,	BUT please accept this 100%	tax-deductible donati	on of \$
GRAND TOTAL all packages, t	ickets, listings, and donations	s = \$	
O Enclosed is my check for \$, made paya	ble to SAY.	
O Please charge my credit ca	ard for \$ O A	merican Express O Visa	O MasterCard O Discover
CREDIT CARD NUMBER		EVP DATE	SECURITY CODE
CREDIT CARD NOWBER		EAF DATE	SECORITI CODE
NAME AS IT APPEARS ON THE CARD			
SIGNATURE (REQUIRED)			
NAME AS IT SHOULD APPEAR IN PRIN	TED MATERIAL		
BILLING ADDRESS			
BILLING ADDRESS			
CITY	STATE	ZIP	
PHONE			MAII

If possible, please seat me with:					
NAME					
NAME					

O I/My guest(s) require special arrangements

NAME

REPLY TO: (use envelope provided)
SAY. 247 West 37th Street. 5th Floor, New York, NY 10018

FOR MORE INFORMATION CONTACT SAY:

Noah Cornman | 646.403.3514 | Noah@SAY.org

PURCHASE TICKETS, SPONSORSHIPS & PROGRAM ADS ONLINE: SAY.org/gala2023

All reservations & contributions totaling \$1,000 or more will receive special printed recognition in the event program.

Artwork and Payment for Program Ads must be received by April 22, 2023 to receive special recognition in the event program.

All other payments must be received by **May 15, 2023**. All tickets will be held at the door on the night of the event. We do not accept unpaid reservations.

The Stuttering Association for the Young is a national 501(c)(3) non-profit organization, and under the Internal Revenue Code, tickets are tax-deductible to the fullest extent permitted by law. Contributions are tax-deductible, except for \$125 per dinner ticket.

