

# TRIBECA BALL 2012

Monday, April 16

Cocktails 6:00-8:30pm / Dinner 8:30pm  
New York Academy of Art, 111 Franklin Street, New York

\_\_\_\_ **YES!** I/we would like to serve on the **2012 TRIBECA BALL Benefit Committee** by committing to purchase a minimum of 6 Champion Cocktail tickets and/or 2 Donor Dinner tickets.

## **DINNER** *(Cocktails in the Studios, Dinner & Dancing)*

### **TABLES\*\***

\_\_\_\_ \$50,000 **FELLOWSHIP:** Table of 10 / Fellowship naming opportunity / 6 oversized photo portraits

\_\_\_\_ \$25,000 **SCHOLARSHIP:** Table of 10 / Scholarship naming opportunity / 4 oversized photo portraits

\_\_\_\_ \$10,000 **PATRON:** Table of 10 / 2 oversized photo portraits

### **TICKETS\*\*** *(Please indicate total # desired)*

\_\_\_\_ \$3,000 **DONOR DUO:** 2 Dinner tickets / 1 oversized photo portrait

\_\_\_\_ \$1,000 **DONOR:** 1 Dinner ticket

## **COCKTAIL** *(Cocktails in the Studios)*

### **TICKETS\*\*** *(Please indicate total # desired)*

\_\_\_\_ \$250 **CHAMPION** Ticket

\_\_\_\_ \$175 **JUNIOR** Ticket (MUST be 35 y.o. or under) - *limited number available*

\_\_\_\_ \$1,500 **JUNIOR ENTOURAGE** (10 JUNIOR Tickets, MUST be 35 y.o. or under) - *limited number available*

**\*\*ALL but \$150/Dinner ticket is tax deductible. ALL but \$50/cocktail ticket is tax deductible.**

## **CONTRIBUTION**

\_\_\_\_ I/We cannot attend TRIBECA BALL, but enclosed is a fully tax deductible contribution of:

(Please circle one): **\$5,000**    **\$1,000**    **\$500**    **\$100**    **Other: \$ \_\_\_\_\_**

### **PLEASE COMPLETE & RETURN THIS FORM BY FEBRUARY 1, 2012 AND DIRECT INQUIRIES TO:**

Elizabeth Hobson, New York Academy of Art, 111 Franklin Street, New York, NY 10013

[tribecaball@nyaa.edu](mailto:tribecaball@nyaa.edu) / P: (212) 842-5966 / F: (212) 966-3547

**COMMITTEE LISTING** Please **PRINT** your name or company below as you wish it to appear on all printed materials  
(If committed in time, the names of all supporters will be included in the event invitation and/or program)

### **PAYMENT (all fields required):**

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

A check in the amount of \$ \_\_\_\_\_ made payable to the New York Academy of Art is enclosed

Please charge my credit card \$ \_\_\_\_\_     American Express     MasterCard     Visa

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

**THANK YOU FOR SUPPORTING THE NEW YORK ACADEMY of ART!**