



MIRACLE CORNERS OF THE WORLD Inc.
SECOND ANNUAL GALA DINNER

Tuesday, February 21, 2006

RESERVATIONS

- ___ I wish to be a **Miracle Maker** of the dinner at \$25,000 or more. (Includes premier seating for a table of 10, special recognition in media announcements, and a cover page in the journal.)
- ___ I wish to be a **Benefactor** of the dinner at \$15,000. (Includes preferred seating for a table of 10, special recognition in media announcements, and a full page in the journal.)
- ___ I wish to be a **Patron** of the dinner at \$10,000. (Includes seating for a table of 10, special recognition in media announcements, and a half page in the journal.)
- ___ I wish to be a **Sponsor** of the dinner at \$5,000. (Includes seating for a table of 10 and a quarter page in the journal.)
- ___ I wish to be a **Donor** of the dinner at \$2,500. (Includes preferred seating for two and a quarter page in the journal.)
- ___ I wish to be a **Friend** of the dinner at \$1,000. (Includes preferred seating for two and a listing in the journal.)
- ___ I wish to be a **Supporter** of the dinner at \$500. (Includes seating for two and a listing in the journal.)
- ___ I wish to purchase ___ ticket(s) for the dinner at \$150 per ticket.
- ___ I wish to purchase ___ student ticket(s) for the dinner at \$75 per ticket.*

MCW JOURNAL

- ___ Back Cover @ \$5,000
- ___ Inside Back Cover @ \$3,500
- ___ Full Page @ \$2,000
- ___ Half Page @ \$1,000
- ___ Quarter Page @ \$500

CONTRIBUTIONS

- ___ I am unable to attend, but wish to support the MCW Gala Dinner. A check for \$_____ is enclosed.

TOTAL

Total amount enclosed \$ _____

PAYMENT*

- ___ Enclosed is my **check** made payable to: **Miracle Corners of the World, Inc.**

- ___ Please **charge** my ☐ Visa ☐ MasterCard

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date _____

Signature _____ Date _____

*Please contact events@miraclecorners.org for student tickets.



MIRACLE CORNERS OF THE WORLD Inc.
SECOND ANNUAL GALA DINNER
Tuesday, February 21, 2006

Name: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Telephone: _____ Fax: _____

Guests: _____

DINNER JOURNAL

If you reserved a journal ad (see reverse side), write your acknowledgement as you would like it to appear or please include camera-ready artwork:

Journal ads must be received no later than February 10th.

FOR ADDITIONAL INFORMATION, CONTACT:

Miracle Corners of the World Inc.

P.O. Box 14, Murray Hill Station

New York, NY 10156

Telephone: (516) 885-0894

E-mail: events@miralecorners.org

www.miralecorners.org



* MCW is a 501(c)3 tax-deductible not-for-profit organization. All contributions are tax deductible to the extent allowed by law. The nondeductible value of a ticket is \$65.