

OUR TIME's 8th Annual Benefit Gala HONORING CARLY SIMON
Monday, April 19th, 2010

Reply

RESERVATIONS *please fill in quantity*

- _____ **\$25,000** Diamond Table
----> VIP table for 10 guests at dinner
----> 10 VIP tickets for performance
----> Name/logo printed on lobby displays
----> Full page ad and special recognition printed in gala program
----> Verbal acknowledgement by evening's host
- _____ **\$10,000** Platinum Table
----> Prime table for 10 guests at dinner
----> 10 prime tickets for performance
----> Half page ad and special recognition printed in gala program
- _____ **\$1,000** Gold Ticket
----> Preferred seating for performance and dinner
----> Special recognition printed in gala program
- _____ **\$300** Silver Ticket
----> Reserved seating for performance and dinner
- _____ **\$125** Performance-Only Ticket
----> Reserved seating for performance only
(please note that the performance only ticket will not allow you access to the post-show dinner with Carly Simon and the celebrity performers)

PROGRAM LISTINGS* *please fill in quantity*

- _____ **\$5,000** Full Page Listing
Full page ad and special recognition printed in gala program
- _____ **\$2,500** Half Page Listing
Half page ad and special recognition printed in gala program
- _____ **\$1,000** Quarter Page Listing
Quarter page ad and special recognition printed in gala program

*Artwork and payment for Program Listings must be received by March 26th, 2010.

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

TURN OVER >

COMPLETE YOUR ORDER *check/fill in all that apply*

- I/we would like _____ table(s) @ \$ _____ each
- I/we would like _____ ticket(s) @ \$ _____ each
- I/we would like _____ program listing(s) @ \$ _____ each
- I/we cannot attend, but please accept this 100% tax-deductible donation of \$ _____

GRAND TOTAL ALL TABLES, TICKETS, LISTINGS AND DONATIONS = \$

- Enclosed is my check, made payable to Our Time Theatre Company
OR
- Please charge my credit card AMEX VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON THE CARD

SIGNATURE (REQUIRED)

- I/my guest(s) require special arrangements

NAME (AS IT SHOULD APPEAR IN PRINTED MATERIAL)

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

Reply to: Our Time Theatre Company, 330 West 42nd Street, 12th Floor, New York, NY 10036.

For further information contact Our Time at 212.414.9696 or gala2010@ourtimetheatre.org.

Tables, Tickets, and Program Listings can be purchased online.

Please visit: www.ourtimetheatre.org/shop.

Payment must be received no later than Wednesday, April 14th 2010.

All tickets will be held at the door the night of the event.

We do not accept unpaid reservations.

Our Time Theatre Company is a non-profit organization. Under section 501(c) (3) of the Internal Revenue Code, tickets are tax-deductible to the fullest extent allowed by law.