George Washington Birthday Ball

In honor of George Washington and to benefit Fraunces Tavern Museum

RSVP by February 15, 2020

Your Name (as you wish to be listed)

Guest Name(s)

Society or Organization and Title

Address

City  State  Zip

Phone  Email

☐ Check here for vegetarian option
Ticket Category (list number of tickets)

___ Benefactor $10,000
   Preferred seating for up to eight and recognition in the Ball Journal

___ Patron $5,000
   Preferred seating for up to four and recognition in the Ball Journal

___ Patriot Leader $2,500
   Preferred seating for two and recognition in the Ball Journal

___ Patriot $1,000
   Preferred seating for one and recognition in the Ball Journal

___ Supporter $500
   Preferred seating for one and recognition in the Ball Journal

___ Individual $400

___ Early Bird $385 (AVAILABLE UNTIL JANUARY 24)

___ Young Supporter $325 (AGE 35 AND UNDER)

___ I am unable to attend, but wish to make a tax-deductible contribution of $ __________

*Please RSVP to administrator@sonsoftherevolution.org or 212-425-1776 by 1/31/20 in order to be listed in the Ball Journal.

Ancestor and Patriot Ball of Honor (must be received by 1/21/20)

I would like to honor my ancestor(s) in the George Washington Birthday Ball Journal.
Include additional ancestors on separate sheet.

___ (# of ancestors) @ $50 per ancestor

__________________________
honors: __________________

Your name(s) as you wish to be listed Ancestor name(s) as you wish them to be listed

Ball Journal Ad (Must be placed and finalized by 1/17/20)

I’d like to place an advertisement in the Ball Journal.

___ Full Page - $500
___ Half Page - $250
___ Quarter Page - $150

___ Digital file will be sent to marketing@frauncetavernmuseum.org

___ Please create ad for me

All contributions are tax-deductible to the extent allowed by law (excluding value of goods and services of $180 per ticket used).

Payment

My check is enclosed for $ __________
(Payable to Sons of the Revolution in the State of New York/GW Ball)

Please bill my: _____ AMEX _____ MasterCard _____ Visa

in the amount of $ __________

NAME ON CREDIT CARD

__________________________________________________________

CREDIT CARD NUMBER CVV EXPIRATION DATE