



The Gabriella Axelrad Education Foundation
10th ANNIVERSARY CELEBRATION
SATURDAY MAY 22, 2010

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Total \$ _____ Charge: The only credit cards accepted: VISA MasterCard
 Check or Cashiers Check: Payable to: **The Gabriella Axelrad Education Foundation**

Card# _____ Exp. _____
 Name on Card _____
 Signature _____

GUESTS ATTENDING

THE GABRIELLA AXELRAD EDUCATION FOUNDATION
 639 South Commonwealth Ave., Suite B, Los Angeles, CA 90005

FOUNDERS
 Thirty tickets to pre-performance Buffet Dinner with reserved table seating; Thirty seats for performance and awards presentation; Cover Ad in Event Journal; Your/your company's name included in all printed material. Sponsor ten students and their parent(s) to attend performance.

BENEFACTORS
 Twenty tickets to pre-performance Buffet Dinner with reserved table seating; Twenty seats for performance and awards presentation; Benefactors Page in Event Journal; Your/your company's name included in all printed material. Sponsor ten students and their parent(s) to attend performance.

PATRONS
 Ten tickets to pre-performance Buffet Dinner with reserved table seating; Ten seats for performance and awards presentation; Patrons Page in Event Journal; Sponsor six students and their parent(s) to attend performance.

SPONSORS
 Ten tickets to pre-performance Buffet Dinner; Ten seats for performance and awards presentation; Sponsors Page in Event Journal; Sponsor four students and their parent(s) to attend performance.

PREMIERE TICKETS
 Please reserve _____ seating ticket(s) at \$350 each; includes Buffet Dinner and half-page ad in Event Journal (front orchestra seats)

PREFERRED TICKETS
 Please reserve _____ seating ticket(s) at \$200 each; includes Buffet Dinner (mid-orchestra seats)

PERFORMANCE TICKETS
 Please reserve _____ performance only seat(s) at \$50 each (rear orchestra and mezzanine seats)

SPONSOR A TEACHER
 I/We would also like to sponsor a teacher to attend the event.

I/WE ARE UNABLE TO ATTEND
 Enclosed is a tax-deductible donation in the amount of \$ _____

501(c)3 non-profit. Social Service Permit on file. Non-Profit Tax I.D. #95-4773654
 Your allowable charitable deduction is the excess over \$100 per person for dinner and performance and the excess over \$20 per person for performance only

JOURNAL COPY DEADLINE IS APRIL 25, 2010

EVENT JOURNAL (TAX-DEDUCTIBLE) We encourage camera ready or electronic art (Illustrator/Photoshop/InDesign), logos and photographs (EPS, TIFF or JPEG—minimum 300 dpi @ 100% size). For copy requiring assistance, clearly type/print message and attach to this form.

<input type="checkbox"/> Back Cover	5.5" x 7"	<input type="checkbox"/> Partner Page	5.5" x 7"	\$1,000
<input type="checkbox"/> Inside Cover	5.5" x 7"	<input type="checkbox"/> Half Page	5.5" x 3.375"	\$500
<input type="checkbox"/> Benefactor Page	5.5" x 7"	<input type="checkbox"/> Quarter Page	2.625" x 3.375"	\$250
<input type="checkbox"/> Patron Page	5.5" x 7"	<input type="checkbox"/> Eighth Page	2.625" x 1.5625"	\$125
<input type="checkbox"/> Sponsor Page	5.5" x 7"			\$1,500

Email: journalmaterials@tenyears@gabri.org • Questions? Call Mercedes Ibarra (213) 365-2491