

# LD ACCESS Gala Awards Dinner

Monday, November 5, 2007 • The Harmonie Club • 4 East 60th Street, New York City  
Reception 6pm • Awards Ceremony 7pm • VIP Dinner following

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## INDIVIDUAL LISTINGS

- |                                     |          |                                    |         |
|-------------------------------------|----------|------------------------------------|---------|
| <input type="checkbox"/> Benefactor | \$50,000 | <input type="checkbox"/> Patron    | \$5,000 |
| <input type="checkbox"/> Leader     | \$50,000 | <input type="checkbox"/> Angel     | \$1,000 |
| <input type="checkbox"/> Guardian   | \$25,000 | <input type="checkbox"/> Pillar    | \$750   |
| <input type="checkbox"/> Pacesetter | \$10,000 | <input type="checkbox"/> Supporter | \$500   |
| <input type="checkbox"/> Advocate   | \$7,500  |                                    |         |

*All gifts \$5,000 and above entitle you to a table of 10 at the VIP Dinner. Single seats start at \$500.*

My gift is in  Honor  Memory of \_\_\_\_\_

My company has a matching gift program and will send a form to the Gala Benefit Office

I am unable to attend the Gala in New York, but I understand that LD ACCESS serves

LD adults and adolescents across the country and I wish to contribute \$ \_\_\_\_\_

Enclosed is my  Check  Pledge in the amount of \$ \_\_\_\_\_

***Please sign and date the back of this response card if you are pledging.  
We only accept pledges over \$2,500.***

For (#) \_\_\_\_\_ reservations for Reception, Awards and Dinner.

For (#) \_\_\_\_\_ reservations for Reception and Awards only.

Seat me for dinner with name/s listed on back of this card.

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***Make checks payable to: LD ACCESS Foundation, Inc.***

Name \_\_\_\_\_  
*(Print your name as you wish it to be listed in the program)*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Business Tel \_\_\_\_\_ E-mail \_\_\_\_\_

**Tickets will not be sent. The non-tax deductible amount per person is:  
\$125 for the Reception and Dinner and \$65 for the Reception only.**

*Please mail or phone inquiries to:*

**GALA BENEFIT OFFICE**

411 East 53rd Street, Suite 14H New York, NY 10022

212-935-1840 Fax 212-421-1530 E-mail: benefithq@aol.com

*(over)*

## Pledge Information

I, \_\_\_\_\_, pledge \$ \_\_\_\_\_ to be paid by December 31, 2007\*.  
(please print name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Pledges \$10,000 and above may be paid over 2 years. Half is due by December 31, 2007  
and the remainder is due by December 31, 2008

## Seating Information

*Seat me with the following individuals (please print):*

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

LD ACCESS Foundation's annual report is on file with the NY State Department of Charities.

**LD ACCESS Foundation, Inc. • 20 East 74<sup>th</sup> Street, Suite 8B • New York, NY 10021**  
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