

# THE KAITZ DINNER

SEPTEMBER 18, 2019 ~ NEW YORK, NY

## TABLE PACKAGE AND TICKET PURCHASE FORM

- All forms must be faxed to (202) 222-2496 or sent via mail to: The Walter Kaitz Foundation  
Attn: Fundraising Dinner, 25 Massachusetts Avenue, NW, Suite 100, Washington, D.C. 20001
- Full payment must be received before tickets are issued. No refunds will be issued after **Friday, August 9, 2019**
- For tickets to be sent in advance to the Ticket Contact, a shipping account number (Fedex or UPS) will need to be provided by your company  
Please send that information to [dinner@walterkaitz.org](mailto:dinner@walterkaitz.org). The deadline for purchases to be sent out in advance is **Friday, August 9, 2019**
- All tickets not sent out in advance may be picked up at the Will Call area at the NY Marriott Marquis starting after 5:00 p.m. on Wednesday, October 18, 2019
- For all table package and ticket questions please call (202) 222-2490 or send request via email to [dinner@walterkaitz.org](mailto:dinner@walterkaitz.org).

### TICKET CONTACT

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail \_\_\_\_\_

### WEB AD CONTACT

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### DIGITAL AD CONTACT

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

How should your company name appear on all signage? \_\_\_\_\_

### TABLE PACKAGES & INDIVIDUAL TICKET OPTIONS

#### ■ TABLE PACKAGES:

Philanthropist ~ \$50,000 Qty: \_\_\_\_\_  
 Benefactor ~ \$25,000 Qty: \_\_\_\_\_  
 Champion ~ \$18,000 Qty: \_\_\_\_\_

#### ■ INDIVIDUAL PURCHASE ITEMS:

Ticket ~ \$1,600 Qty: \_\_\_\_\_  
 Program Ad ~ \$5,000 Qty: \_\_\_\_\_  
 Dedicated email ~ \$5,000  
 Donation Amount: \_\_\_\_\_

Sub Total \_\_\_\_\_

**Total** \_\_\_\_\_

### FORM OF PAYMENT

**CHECK:** Checks should be made payable to the Walter Kaitz Foundation, ATTN: Jackie Szmaja, and accompanied by a purchase form. Check # \_\_\_\_\_

**CREDIT CARD:**  AMEX  VISA  Mastercard  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
*(If different from contact information)*

Cardholder Signature \_\_\_\_\_

**WIRE TRANSFER:** Wells Fargo Bank, ABA: 121000248, ACT: 2000013842415

**Federal Tax ID # 94-2666764**

