

**SPONSORSHIP REPLY FORM**

**PLEASE RETURN FORM AND PAYMENT BY OCTOBER 13, 2006**

Yes, I/we would like to support the United States Holocaust Memorial Museum at the following level:

- \$75,000—two tickets to the Evening with the Chairman, Director's Luncheon, and Sponsor Reception and table for ten premier seating at the Spring Dinner
- \$50,000—two tickets to the Evening with the Chairman, Director's Luncheon, and Sponsor Reception and table for ten premier seating at the Spring Dinner
- \$25,000—two tickets to the Evening with the Chairman, Director's Luncheon, and Sponsor Reception and table for ten priority seating at the Spring Dinner
- \$10,000—two tickets to the Director's Luncheon and Sponsor Reception and table for ten priority seating at the Spring Dinner
- \$5,000—two tickets to the Director's Luncheon and Sponsor Reception and four seats at the Spring Dinner
- \$2,500—two tickets to the Sponsor Reception and two seats at the Spring Dinner
- \$1,800—two tickets to the Sponsor Reception and two seats at the Spring Dinner

**Contribution**

- I/We cannot attend, but have enclosed a tax-deductible contribution of \$\_\_\_\_\_

Name: \_\_\_\_\_  
Name(s) as you would like listed on Event materials: \_\_\_\_\_  
Address: \_\_\_\_\_  Home  Work  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Method of Payment**

- I have enclosed my check payable to the United States Holocaust Memorial Museum
  - Please charge my credit card in the amount of \$\_\_\_\_\_
- Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_  
Name as it appears on card: \_\_\_\_\_  
Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

All gifts to the Museum are tax deductible less benefit received for sponsorship:  
\$75,000, \$50,000, and \$25,000 Sponsors = \$2,410    \$10,000 Sponsors = \$2,250  
\$5,000 Sponsors = \$1,050    \$2,500 and \$1,800 Sponsors = \$500  
Should you not plan to use all of the tickets to the events, please notify us in advance of the events in order to increase your tax deductible benefit.

For more information, please contact Julie Hock at 518.884.4670 or [jhock@ushmm.org](mailto:jhock@ushmm.org) or visit [ushmm.org/newengland](http://ushmm.org/newengland).  
**Please return this form by October 13, 2006 to:**  
**United States Holocaust Memorial Museum, New England Region, 100 Raoul Wallenberg Place SW, Washington, DC 20024**  
**or fax it to 518-884-4680.**

