

# A Havana Night Benefit Gala

THURSDAY, OCTOBER 24, 2024

\_\_\_ I/We accept your invitation to be a member of A Havana Night Benefit Gala Committee

\_\_\_ I/We are unable to serve on A Havana Night Benefit Gala Committee

\_\_\_ Enclosed is a list of friends to invite to A Havana Night Benefit Gala

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Please reserve:

Qty.		Early Bird Price Before/on August 31	Regular Price After August 31
___	Table(s) for 10 (ten) people	\$10,000 (\$6,000 tax-deductible)	\$12,000 (\$8,000 tax-deductible)
___	Angel Donor Ticket(s) Includes special mention in Gala Program	\$1,400 (\$1,000 tax-deductible) each	\$1,600 (\$1,200 tax-deductible) each
___	Gala Ticket(s)	\$1,000 (\$600 tax-deductible) each	\$1,200 (\$800 tax-deductible) each
___	Young Professional Ticket(s) Available to guests aged 40 and under	\$650 (\$250 tax-deductible) each	\$850 (\$450 tax-deductible) each

\_\_\_ I/We cannot attend A Havana Night Benefit Gala, but would like to make a contribution of \$ \_\_\_\_\_

\_\_\_ My firm will match my contribution \$ \_\_\_\_\_

Enclosed is my check made payable to AFLFC for \$ \_\_\_\_\_

Please charge my credit card \$ \_\_\_\_\_

VISA

MasterCard

American Express

Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt.

City

State

Zip

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

Please return this form by email: [info@AFLFC.org](mailto:info@AFLFC.org)

or mail to: **AFLFC c/o Samantha Choos**  
**4 West 43 Street, Suite 304**  
**New York, NY 10036**