

Payment Options

I'm enclosing a check made out to
the Foundation for Gender-Specific Medicine, Inc.

I would like to pay using my credit card.
Please charge my

Amex Visa MasterCard

Total Amount to be charged \$ _____

Credit Card Number _____

Zip Code _____

Expiration _____

Signature _____

Or to submit your donation or reservation online
visit

www.gendermed.org

For more information, please call the foundation at

212.737.5663

or email

wdauber@gendermed.org



RSVP

\$25,000 Catalyst for Change in Gender-Specific Medicine

Tax Deductible Amount: \$23,520

- VIP Table for 10 guests
- Premium recognition at gala via signage and promotional materials
- Permission to distribute approved promotional materials and gifts
- Donor listing in FGSM Annual Report
- Underwriter FGSM Scholarship Program supporting Gender-Specific research
- Double Page Journal Advertisement

\$15,000 Innovator for Gender-Specific Advancement

Tax Deductible Amount: \$13,520

- Premium Table for 10 guests
- Recognition at gala via signage and promotional materials
- Permission to distribute approved promotional materials and gifts
- Donor listing in FGSM Annual Report
- Full Page Journal Advertisement

\$10,000 Promoter of Equality in Medical Research

Tax Deductible Amount: \$8,520

- Table for 8 guests
- Recognition at gala via signage and promotional materials
- Donor listing in FGSM Annual Report
- Half Page Journal Advertisement

\$1,000 Individual Ticket

Tax Deductible Amount: \$815

No, I cannot attend but would like to make a tax-deductible contribution of \$_____

(Federal tax I.D. #84-1705022)

To Reserve Space in the Gala Journal

All ads are in full color

- Back Cover. \$10,000
- Inside Cover. \$5,000
- Full Page \$2,500
- Half Page \$1,500
- Quarter Page \$750
- Business Card \$250

Contact Information

Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

E-mail address _____

(Turn over to fill out payment information)