| Elevator Repair Service 2018 Spring Gala  |   |                       |                         |   |    |
|---|---|-----------------------|-------------------------|---|----|
| Hosted by Jon Glaser  |   |                       |                         |   |    |
| Monday, May 14th - Tribeca Rooftop - 2 Desbrosses Street, New York, NY 10013  |   |                       |                         |   |    |
| 6:30<br>Cocktails & hors<br>d'oeuvres<br>On the Roof  | 7:30<br>Dinner<br>Performances & Live Auction |                       | 9:30<br>Dancing         | 11:30<br>End of evening   |    |
| Step 1: PERSONAL INFORMATION  |   |                       |                         |   |    |
| Name(s) (as it should appear on donor list)   |   |                       | Email                   |   |    |
| Company (if applicable)   |   |                       | Telephone               |   |    |
| Street Address  |   |                       | City/ State/ Zip        |   |    |
| Step 2: SELECT TICKET TYPE (INDICATE QUANTITY)  |   |                       |                         |   |    |
| TICKET TYPE   | #   | TICKET TYPE           | #                       | TICKET TYPE   | #  |
| TABLE FOR 12<br>\$15,000  |   | INDIVIDUAL<br>\$2,000 |                         | SPONSOR<br>AN ERS ARTIST<br>FOR GALA DINNER<br>\$185                  |    |
| TABLE FOR 10<br>\$10,000  |   | INDIVIDUAL<br>\$1,250 |                         | I cannot attend, but please<br>accept a donation in the<br>amount of: |    |
| TABLE FOR 10<br>\$5,000   |   | INDIVIDUAL<br>\$500   |                         |   | \$ |
| Step 3: TOTAL AMOUNT DUE  |   |                       |                         |   |    |
| Total \$:   |   |                       |                         |   |    |
| Step 4: GUEST NAMES   |   |                       |                         |   |    |
| Please indicate guests who should be credited as gala ticket buyers on our donor list (Yes/No)  |   |                       |                         |   |    |
| First Name  | Last Name                                     |                       | Donor (Y/N)             | Dietary Restrictions  |    |
| 1   |   |                       |                         |   |    |
| 2   |   |                       |                         |   |    |
| 3   |   |                       |                         |   |    |
| 4   |   |                       |                         |   |    |
| 5   |   |                       |                         |   |    |
| 6   |   |                       |                         |   |    |
| 7   |   |                       |                         |   |    |
| 8   |   |                       |                         |   |    |
| 9   |   |                       |                         |   |    |
| 10 Step 5: PAYMENT INSTRUCTIONS   |   |                       |                         |   |    |
| Send check payable to Elevator Repair Service to 47 Great Jones St. 3rd Floor, New York, NY 10012.<br>Checks must be postmarked by May 2nd.   |   |                       |                         |   |    |
| Name on card  |   |                       |                         |   |    |
| Card number   |   |                       | 1                       | /   |    |
| Billing Zip   |   | CVC Code              | tio proposed Variations | Exp. Date   |    |
| You will receive email confirmation when your payment is processed. Your tickets will be held at the box office.<br>A letter acknowledging your purchase will be mailed within 60 days after the event.   |   |                       |                         |   |    |
| Elevator Repair Service Theater, Inc. is recognized under the Internal Revenue Service Code 501 (c)(3) as a not-for-profit organization, and therefore donations are tax-deductivle to the fullest extent of the law.**The tax-deductibleamount of tickets is the amount paid that is greater than \$125.00 per ticket.** |   |                       |                         |   |    |
| Please return this form no later than May 10th. E: benefit@elevator.org F:212-254-3741<br>Questions? Contact Ariana Smart Truman at 212-254-3137  |   |                       |                         |   |    |
| For office use only   |   |                       |                         |   |    |
| Res By:   | Date:   | QB:                   |                         | SS:   |    |