



Celebrity Charades 2016
An Annual Gala to benefit Labyrinth Theater
 Monday, September 19, 2016
 Capitale - 130 Bowery, NYC
 Festivities begin at 6:00 pm

Honoring Jeffrey A. Horwitz



EXCLUSIVE PREMIUM RESERVATIONS

Reservations are limited and will be accepted in the order received

I WISH TO HONOR JEFFREY HORWITZ AND SUPPORT LABYRINTH THEATER AT THE CO-CHAIR OR VICE-CHAIR LEVEL. PLEASE RESERVE:

___ \$25,000 CO-CHAIR TABLE

- VIP cocktails, dinner and Charades for 10 with priority seating
- Name/logo included: on Labyrinth Theater website, on-screen throughout gala, in all event-specific press releases and in Charades program
- Full page tribute with premium placement in Charades program*
- Verbal acknowledgement from stage during event
- VIP After Party access for 10

___ \$15,000 VICE-CHAIR TABLE

- VIP cocktails, dinner and Charades for 10 with premium seating
- Name/logo included in Charades program
- Half page tribute in Charades program*
- VIP After Party access for 10

I AM UNABLE TO ATTEND CHARADES THIS YEAR, AND PREFER NOT TO RECEIVE TICKETS, BUT I WOULD LIKE TO MAKE AN EXCLUSIVE ADVANCE CONTRIBUTION:

___ \$25,000 CO-CHAIR CONTRIBUTION

- Name/logo included: on Labyrinth Theater website, on-screen throughout gala, in all event-specific press releases and in Charades program
- Full page tribute with premium placement in Charades program*
- Verbal acknowledgement from stage during event

___ \$15,000 VICE-CHAIR CONTRIBUTION

- Name/logo included in Charades program
- Half page tribute in Charades program*

PROGRAM TRIBUTES*

___ **FULL PAGE: \$5,000** (5.5"w x 8.5"h, full bleed)

___ **HALF PAGE: \$2,500** (4.75"w x 3.75"h)

Please select how you would like to submit your content.

___ I will email artwork to Charades@labtheater.org

___ I would like some help creating content. Please call or email me to discuss.

**Tributes are due no later than September 6th.*

___ **I AM UNABLE TO ATTEND. PLEASE ACCEPT MY FULLY TAX-DEDUCTIBLE CONTRIBUTION OF \$ _____.**

Please complete the reverse side to finalize your reservation.



Name as you would like it to appear in all event materials: _____

Phone Number: _____ Email: _____

Total Pledged Contribution: \$ _____

____ I would like to make a pledge / reservation, and wish to finalize payment at a later date. Please call me to confirm.

OR

____ Enclosed is my check, *payable to LABYRINTH THEATER COMPANY*

OR

____ Please charge my credit card

Credit Card #: _____ exp: ____/____ Security code: _____

Signature: _____

Name (as on credit card): _____ Billing Phone: _____

Billing Address: _____ City: _____ State: ____ ZIP: _____

Please return this form with your payment to Labyrinth Theater's offices at 155 Bank Street, New York, NY 10014, or fax to our offices at 646-461-6540, or email as a PDF to charades@labtheater.org.

For more information, please call 347-949-8490 or email charades@labtheater.org.

Your contribution is tax-deductible, as provided by law in the amount it exceeds actual value of goods and services. All event proceeds benefit Labyrinth Theater, a 501(c)3 not-for-profit organization. No refunds.