

**Asthma and Allergy Foundation of America
New England Chapter
Breath of Spring 2017**

**Friday, May 5, 7-10 p.m.
Newton Marriott Hotel, Newton, MA**



**with The Tufts University
Beelzebubs – May 5**

Name(s) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Enclosed is my check for \$_____ (Please make payable to AAFA New England.)

Please charge \$_____ on my credit card. (VISA, MC, AMEX)

Name on card _____

Account # _____ Exp. date (MM/YY) _____

Billing address: _____

Tickets: Please reserve _____ tickets at \$65 each. (Tickets will be held at the door.)

Sponsorships and Program Book Ads:

Benefactor: \$5,000 – includes full page ad (4½" wide x 7" high) and six guests

Gold Patron: \$2,500 – includes half page ad (4½" wide x 3½" high) and four guests

Silver Patron: \$1,000 – includes half page ad (4½" wide x 3½" high) and two guests

Supporter: \$500 – includes quarter page ad (4½" wide x 1⅞" high) and one guest

Friend: \$250 – includes eighth page ad (2¼" wide x 1⅞" high)

Tribute Listing: \$50 – (Twenty word limit per \$50.) Please print your greeting clearly here:

I cannot attend, but I would like to support AAFA NE with a gift of \$ _____

Guests:

1. _____ 3. _____

2. _____ 4. _____

Please complete this form and return before April 14, 2017 to be included in the program

book. Please submit logos or ads in high-resolution jpg format, or we can create your ad.

Email files or information for your ad to: aafane@aafane.org.

Tickets and Sponsorships are tax deductible to the full extent of the law. Please return this form before April 14, 2017 to: AAFA NE, 109 Highland Ave., Needham, MA 02494.

For more information, call 781-444-7778. **Thank you for your generous support!**