

IN RECOGNITION OF



Cynthia Stuen, Ph.D.

MAGGIE KUHN AWARD



Weill Cornell Alzheimer's Disease & Memory Disorders Program



Please accept my check for the amount indicated below for tickets and acknowledgement in the Program Book honoring these very special honorees:

- | | | |
|---|---|-----------------|
| <input type="checkbox"/> BENEFACTOR | <i>Includes full page ad on the inside or back cover of the Program Book
30 tickets to the Awards Reception
Special Listing in the Program Book and Special Recognition at the Event.</i> | \$10,000 |
| <input type="checkbox"/> PATRON | <i>Includes full page ad in the Program Book • 25 tickets to the Awards Reception
Listing as Patron in the Program Book</i> | \$5,000 |
| <input type="checkbox"/> SPONSOR | <i>Includes half page ad in the Program Book • 16 tickets to the Awards Reception
Listing in the Program Book</i> | \$3,000 |
| <input type="checkbox"/> GUARDIAN | <i>Includes 5 tickets to the Awards Reception
Listing in the Program Book</i> | \$1,000 |
| <input type="checkbox"/> CONTRIBUTOR | <i>Includes 3 tickets to the Awards Reception
Listing in the Program Book</i> | \$500 |
| <input type="checkbox"/> FRIEND | <i>Includes 2 tickets to the Awards Reception and listing in the Program Book</i> | \$300 |
| <input type="checkbox"/> Individual Ticket | <i>Ticket to the Awards Reception only</i> | \$150 |
| <input type="checkbox"/> I cannot attend but wish to make a contribution of \$ _____ | | |

Any amount contributed over \$50 per person is tax deductible.

Please make all checks payable to:

Presbyterian Senior Services

2095 Broadway, 409 • NY, NY 10023-2895 • 212-874-6633 x 25 • sfriedman@pssusa.org

Name (as it should be listed in program) _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

(Kindly respond prior to Monday, April 17, 2017)