

Yes, I will be there for the 17th San Francisco Power of Choice Luncheon!

Wednesday, March 21, 2012

I/we will serve on the Power of Choice Sponsor Committee for the Luncheon (**minimum contribution of \$1,500**)

Please print your name as you would like to have it appear on the invitation. Mail or fax by Wednesday, January 18th, 2012 to be listed.

My/our Power of Choice Luncheon reservations are as follows:

Sponsor Table Reservation

- Freedom Table of 10 @ \$20,000* \$ _____
 Leadership Table of 10 @ \$10,000* \$ _____
 Benefactor Table of 10 @ \$7,500* \$ _____
 Patron Table of 10 @ \$5,000* \$ _____
 Sponsor Table of 10 @ \$2,500* \$ _____

Sponsor Ticket Reservation

- Justice for All Ticket @ \$5,000* \$ _____
 Freedom Ticket @ \$2,500* \$ _____
 Leadership Ticket @ \$1,500* \$ _____
 Junior Sponsor Ticket (under 35) @ \$250 \$ _____
- Justice Blackmun Ticket @ \$1,000 \$ _____
 Benefactor Ticket @ \$750 \$ _____
 Patron Ticket @ \$500 \$ _____
 Individual Ticket @ \$250 \$ _____
 Millennial Generation Ticket (under 25) @ \$45 \$ _____

- I will be unable to attend the luncheon,
but would like to support NARAL Pro-Choice
America's work and enclose or pledge: \$ _____ **Total Donation: \$ _____**

*All contributions of \$1,000 or more include membership in NARAL Pro-Choice America's *Justice Blackmun Society* (members will receive regular up-to-date information on the "state of the state" of reproductive rights) and will be acknowledged in the luncheon program.

Payment Method (All contributions may be pledged now and paid by March 21, 2012).

Check enclosed (Make payable to NARAL Pro-Choice America or NARAL Pro-Choice America Foundation). ++

Credit card- Designation Required (If no designation is made, your gift will be allocated to NARAL Pro-Choice America). ++

____ **NARAL Pro-Choice America** (for political and lobbying work).

By making this donation, I/we hereby affirm my/our membership in NARAL Pro-Choice America.

____ **NARAL Pro-Choice America Foundation** (for non-political, educational activities).

In addition to this donation, I/we hereby affirm my/our membership in NARAL Pro-Choice America.

Visa/Master Card/Am Ex/Discover number: _____ Exp. Date: __/__/__

Name (as printed on credit card): _____ Day/Evening Phone: _____

Signature: _____ E-Mail: _____

++Please make your DONATION payable to **NARAL Pro-Choice America**, a 501(c)(4) organization or **NARAL Pro-Choice America Foundation**, a 501(c)(3) organization. Contributions or gifts to NARAL Pro-Choice America *are not tax-deductible*. No funds will be earmarked or reserved for any political purpose. The first \$10 of your annual gift keeps your membership status active for an additional year. Contributions to NARAL Pro-Choice America Foundation are *tax-deductible*, with the exception of the value of the benefits provided and the meal per person that you indicate will be attending the event.

Return by mail to: Attn: Catherine Jane Moore Power of Choice Office 111 Pine Street, Suite 1500, San Francisco, CA 94111

Return by fax to: 415-890-1025 (For questions, call 415-890-1020 x205 or e-mail CMoore@ProChoiceAmerica.org).