

Please reserve the following table(s)/ticket(s) at the Dinner:

☐ PIONEER—\$1,000,000

- Four seats at Head Table
- Two premium tables of ten guests
- Special recognition in the invitation and dinner program
- On-screen recognition during dinner service
- Recognition from the podium at the event

☐ LEADER—\$500,000

- Four seats at Head Table
- One premium table of ten guests plus one distinct table of ten guests
- Honorary committee listing in the invitation
- Special recognition in the invitation and dinner program
- On-screen recognition during dinner service
- Recognition from the podium at the event

☐ LUMINARY—\$250,000

- Two seats at Head Table
- One premium table of ten guests
- Honorary Committee listing in the invitation
- Special recognition in the dinner program
- On-screen during the dinner
- Recognition from the podium at the event

☐ ADVOCATE—\$100,000

- Two seats at Head Table
- One premium table of ten guests
- Honorary Committee listing in the invitation
- On-screen recognition during the dinner
- Recognition from the podium at the event

☐ HERO—\$50,000

- One seat at Head Table
- One preferred table of ten guests
- On-screen recognition during the dinner

☐ ALLY—\$30,000

- One distinct table of ten guests
- On-screen recognition during the dinner

☐ REFORMER—\$20,000

- One table of ten guests
- Special recognition in the dinner program
- On-screen recognition during the dinner

☐ GUARDIAN—\$5,000

- One ticket to the Awards Dinner
- Premium seating

☐ FRIEND—\$2,500

- One ticket to the Awards Dinner

☐ I am/ We are unable to attend but wish to make a fully tax-deductible contribution of \$_____ in support of Robert F. Kennedy Human Rights

All sponsors and donors will be listed in the invitation and dinner program.

**Subject to meeting deadlines.*

RFK Book Club memberships available to all Reformer Level sponsors and above.

My guests will be:

Contact Information

Company or Individual Name (for program recognition)

Contact Name (if different from above)

Company

Address

City

State

Zip

Direct Phone

Email Address

Payment Details

Please indicate payment preference for the total amount of \$_____

☐ I'd like to cover my 3% transaction fee.

- ☐ Check payable to Robert F. Kennedy Human Rights
- ☐ PayPal: Please invoice me at the address noted above.
- ☐ Wire Transfer: Please invoice me at the address noted above.
- ☐ Credit Card: VISA / MC / AMEX

Card number

Exp

CSV

Name on card

Signature

☐ My company will match my gift; the form is enclosed.

For additional information, please contact:
Melissa Cather at cather@rfkhumanrights.org /
(617) 593-5588 or Luz Torres at
torres@rfkhumanrights.org / (202) 629-9838.

Please complete this form and send with your payment to:
Robert F. Kennedy Human Rights
P.O. Box 982
New York, NY 10272

Robert F. Kennedy Human Rights is a 501(c)(3) nonprofit organization (tax ID 13-2522784). Your gifts to the Ripple of Hope Award are tax deductible as charitable contributions to the extent that they exceed the value of goods and services you receive in exchange. A tax receipt will be mailed to you for your records following the Ripple of Hope Award Gala.