



Thursday, November 16, 2017
The California Club
Los Angeles, CA

25th Dutch American Heritage Day

Gala

HONORING
Famke Janssen

Please fill out this form and **return with payment no later than Monday, November 6, 2017.**

Send to: The Netherland-America Foundation
505 Eighth Ave., Suite 12A-05
New York, NY 10018-5618
For information: TheNAFSocal@gmail.com
Please visit: www.thenafsocal.org

Or fax: 212. 825.9105

name _____
title _____
company _____
address (home office) _____
city _____ state _____ zip code _____
e-mail _____ daytime phone _____

NAF member? yes no (To join, please visit: www.thenafsocal.org)

Tables seat ten guests. No cancellation of tables or individual tickets.

- Additional seats at tables will be pro-rated.

_____ **Platinum Table(s) \$ 10,000**

Priority table location; logo on video screen during reception; logo on NAF SoCal website in recognition of sponsorship; acknowledgement in program booklet; free full-page 4-color advertisement in program booklet; complimentary bottles of champagne at the table; complimentary raffle ticket per person and 10 personal recognition gifts

_____ **Gold Table(s) \$ 7,500**

Premier table location; logo on video screen during reception; logo on NAF SoCal website in recognition of sponsorship; acknowledgement in program booklet; free half-page 4-color advertisement in program booklet; complimentary bottle of champagne at the table

_____ **Silver Table(s) \$ 5,000**

Prime table location; logo on NAF SoCal website in recognition of sponsorship; acknowledgement in program booklet; free quarter-page 4-color advertisement in program

_____ **Individual Ticket(s) \$ 275 (NAF members: \$235)**

- The non-tax-deductible portion of each ticket is \$135.

Additional donation: \$ _____
 I am unable to attend but wish to make a fully tax-deductible donation to the NAF for \$ _____ in honor of _____
(Please notify: _____)

Payment Instructions • Checks or wire transfers are preferred.
• Please return reservations/payment in return envelope.

Check enclosed (payable to The Netherland-America Foundation)
 Please charge \$ _____ to my AmEx MasterCard Visa
NAME ON CARD _____
CARD NO. _____ EXP. DATE _____
SIGNATURE _____

From Europe: Transfer may be made to the Netherland-America Foundation, Account #NL25 ABNA 0416292003 at ABN AMRO, Amsterdam. (Indicate: SoCal DAHD17)

ADVERTISING IN THE EVENING'S PROGRAM JOURNAL

- Please submit art as a high-resolution (300 dpi) pdf file in CMYK, with fonts and images embedded, or send exact text if you want a message-only ad set for you.
- Send art/text to Marcel Van Zweeken (mvzglobal@yahoo.com) by Friday, November 10th.
- Please turn over for "Payment Instructions".

| | | |
|---|---------|-------|
| Full-page ad Image size no larger than 5.25" x 7.675" | \$1,000 | _____ |
| Half-page ad Image size no larger than 5" x 3.6 | \$ 500 | _____ |
| Quarter-page ad Image size no larger than 2.375" x 3.675" | \$ 250 | _____ |

SEATING AND CHOICE OF ENTRÉE

I wish to be seated with: _____

| <input type="radio"/> The following will be seated at my table, with their entrée choices written in: | Poultry | Fish | Vegan |
|---|---------|------|-------|
| 1 (your name/host) _____ | | | |
| 2 _____ | | | |
| 3 _____ | | | |
| 4 _____ | | | |
| 5 _____ | | | |
| 6 _____ | | | |
| 7 _____ | | | |
| 8 _____ | | | |
| 9 _____ | | | |
| 10 _____ | | | |

If purchasing more than one table, please list guests by table.

If you are purchasing individual tickets, please indicate who will be in your party and how many will want a poultry, fish or vegan entrée:

Name _____ Poultry Fish Vegan
Name _____ Poultry Fish Vegan

**Please mail completed form and payment to the address above.
For online registration and payment, please [click here](#)**

Held to benefit the Netherland-America Foundation, Inc., a 501(c)3 not-for-profit organization. Contributions are tax-deductible to the extent permitted by law.