



**National Kidney Foundation**  
of NORTHEAST NEW YORK

**Diamonds at the Desmond \* Gift of Life Celebration**  
**Honoring the Capital District YMCA and Area Healthcare Professionals**  
5:30 pm cocktails/6:30 pm dinner \* Wine Tasting \* Live and Silent Auctions \* Entertainment

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Yes, I/we would like to sponsor "Diamonds at the Desmond" in honor of the 60<sup>th</sup> anniversary of the National Kidney Foundation. We will sponsor at the following level:**

- Gold - \$5000 – logo on invite, commemorative video, NKF website, newsletter, signage/banner, ½ page ad in commemorative journal, six tickets to celebration
- Silver - \$2500 – logo on invite, ¼ page ad in commemorative journal, signage/banner, six tickets to the celebration
- Crystal - \$1500 – Reserved table for ten people

**I/we would like to join the Honorary Committee to pay tribute to the award recipients.**

**(Includes two dinner tickets)**

\$350     Will be attending.     Unable to attend.

\_\_\_\_\_  
Please write name(s) above as you would like it to appear.

**I/we would like to purchase dinner tickets to attend the event.**

\$125 per ticket.    Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ tickets.

\_\_\_\_\_  
Please list names of your dinner attendees.

**I/We would like to place an ad**

**Ad Rates and Sizes:** (Please indicate in last column which ad you would like. E-mailed ads should either be pdf files or tif files with resolution of 300 dpi or higher.)

Size	Image Dimension	Amount	Ad Size Desired
Inside Front or Inside Back Cover	7-1/2 x 10	\$600	
Full Page	7-1/2 x 10	\$500	
Half Page Horizontal	7-1/2 x 4-3/4	\$300	
Half Page Vertical	3-1/2 x 10	\$300	
Quarter Page-Vertical	3-1/2 x 4-3/4	\$200	
Patron Listing	3-1/2 x 2-1/4	\$100	

- Your ad can be e-mailed to [carol@nknfny.org](mailto:carol@nknfny.org) with hard copy and payment mailed to NKF with this contract
- Camera-ready copy can be mailed with contract     Ad copy and black and white logo can be mailed with contract.
- Enclosed is my payment of \$ \_\_\_\_\_.

Please make check payable to National Kidney Foundation and mail to NKFNY, 99 Troy Road, East Greenbush, NY 12061.  
Fax with credit card information to 518-458-9690. For questions, please call 458-9697 or 533-7880.

Please charge \$ \_\_\_\_\_ to my     MasterCard     Visa     American Express     Discover

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment is due with receipt of this contract.**