



The American Hospital of Paris Foundation

Thursday, November 3, 2022
The Metropolitan Club, New York City
Cocktails: 7:00pm - Dinner: 8:00pm
Cocktail Attire

RESERVATIONS

\$50,000 Platinum Table(s)

Includes Priority Table for 10, Listing in the Program

\$25,000 Gold Table(s)

Includes Premium Table for 10 and Listing in the Program

\$10,000 Silver Table(s)

Includes Table for 10 and Listing in the Program

\$2,500 PER Platinum Ticket(s) Number_____

Includes Priority Ticket(s) and Listing in the Program

\$1,000 PER Gold Ticket(s) Number_____

Includes Premium Ticket(s)

Unfortunately, I/we will not be able to attend but wish to make a fully Tax-deductible contribution of \$_____

For additional information, please contact:

The Foundation Office: 1 914.497.6884

mhammer@ahpf.org

477 Madison Avenue 6th floor, New York, N.Y. 10022

Name

Company

Address

City

State

Zip

Phone

E-mail

Enclosed is a check in the amount of \$ _____
payable to: *The American Hospital of Paris Foundation*

Please charge my credit card

American Express MasterCard VISA

Card number

Expiration date

Security code

Name (As it appears on card)

Signature of cardholder

Billing address (If different from above)

City State Zip

Please let us know if your company has a matching grant program.

*The American Hospital of Paris Foundation is a 501(c)(3) not-for-profit organization located at
477 Madison Avenue, 6th Floor, New York, NY 10022 (www.ahpf.org).
For table and ticket purchases, the non-tax-deductible portion of each ticket is \$300.*