

FOREVERGLADES

RESTORING & PROTECTING AMERICA'S EVERGLADES

SATURDAY, FEBRUARY 16, 2019

THE BREAKERS, PALM BEACH, FLORIDA

IN SUPPORT OF THE EVERGLADES FOUNDATION, PLEASE RESERVE:

- ___ **FOR THE NEXT 25 YEARS** table(s) at \$250,000
Includes premiere table of 12 at dinner, private Everglades boat tour, inclusion in the EF 100, listing in the digital journal, thank you from the stage at the benefit, pre-show meet and greet, name and/or logo on all benefit materials and foundation website.
- ___ **FOR OUR CHILDREN** table(s) at \$100,000
Includes premiere table of 10 at dinner, listing in the digital journal, thank you from the stage at the benefit, pre-show meet and greet, name and/or logo on all benefit materials and foundation website.
- ___ **FOR THE THREATENED SPECIES THAT CALL THE EVERGLADES HOME** table(s) at \$50,000
Includes premium table of 10 at dinner, listing in the digital journal, 4 guests for the pre-show meet and greet, name and/or logo on all benefit materials and foundation website.
- ___ **FOR A FREE FLOWING RIVER OF GRASS** table(s) at \$25,000
Includes preferred table of 10 at dinner, listing in the digital journal, and donor recognition.
- ___ **FOR A VIBRANT FLORIDA BAY** table(s) at \$12,500 (very limited availability)
Includes table of 10 at dinner and donor recognition.
- ___ **FOR OUR DRINKING WATER** ticket(s) at \$2,500
Includes preferred individual seating at dinner and donor recognition.
- ___ **FOR OUR BEACHES** ticket(s) at \$1,250 (very limited availability)
Includes individual seating at dinner and donor recognition.

FORGIVE ME, I am unable to attend but wish to contribute \$_____ **FOR** restoration of Americas Everglades.

Enclosed is my check **FOR** \$_____.

LISTING

(Please print name or company as you wish it to appear in the evening's program. Gifts of \$1,250 and above will be recognized in the program.)

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ MOBILE PHONE _____

EMAIL _____

PLEASE CHARGE MY American Express MasterCard Visa Amount \$ _____

Please note a 3% fee will be added to all credit card purchases

CREDIT CARD NUMBER _____ EXP. DATE _____ CVV _____

NAME AS IT APPEARS ON CARD _____ BILLING ZIP _____

SIGNATURE _____



Please make checks payable to The Everglades Foundation (Tax ID#59-3228899) and return to 18001 Old Cutler Road, Suite 625, Palmetto Bay, Florida 33157. Your contribution, less \$275 per ticket, is tax-deductible.

FOR benefit information, please contact Katie Lesser at 212.245.6570 x22, email everglades@eventassociatesinc.com.

EVERGLADESFOUNDATION.ORG

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