



5th Annual Boston *Open Your Heart to the Children Benefit*

Thursday, November 18, 2010
One International Place
100 Oliver Street / Boston, MA 02110

Yes, I/we would love to participate in this event. Please count me/us in on the following basis:

BENEFACTOR LEVELS

Platinum Heart Benefactor.....\$15,000

- ❖ Premier Recognition at all Boston HFC Events
- ❖ 15 Tickets to Benefit
- ❖ 15 Tickets to 4th Annual Spring/Summer Soiree (2011)
- ❖ Full Slide Ad included at Benefit

Golden Heart Benefactor.....\$10,000

- ❖ Premier Recognition at all Boston HFC Events
- ❖ 10 Tickets to Benefit
- ❖ 10 Tickets to 4th Annual Spring/Summer Soiree (2011)
- ❖ Full Slide Ad included at Benefit

Silver Heart Benefactor.....\$5,000

- ❖ Premier Recognition at all Boston HFC Events
- ❖ 5 Tickets to Benefit
- ❖ 5 Tickets to 4th Annual Spring/Summer Soiree (2011)
- ❖ Half Slide Ad included at Benefit

BENEFIT TICKETS

Pair of Tickets (Warm Heart)\$1,750

- ❖ _____ Additional ticket(s) to the event (\$850 per additional ticket)

Individual Ticket\$1,000

Sponsor a HFC Grantee Social Worker to attend (Glowing Heart).....\$500

- ❖ _____ Individual ticket(s) to the event

SPECIAL REFERRAL CREDIT (new for 2010)

If you refer a first time attendee/sponsor to the event you may request a \$150 credit toward your ticket purchases. Maximum credit of \$450 (3 referrals). Please contact a Hedge Funds Care Committee Member for more information.

SPONSORSHIP (No tickets): Donations provide donor recognition at the benefit and directly assist our mission.

- Big Heart Underwriter.....\$2,500
- Warm Heart Underwriter.....\$1,500
- I am unable to attend, but wish to contribute \$ _____

ADVERTISING OPPORTUNITIES: Advertisements will be enlarged and displayed at the event.

- Full Slide Ad.....\$750
- Half Slide Ad.....\$500
- Quarter Slide Ad.....\$350

**For Additional Information,
please contact Jeff Crispen (jeff@focapital.com or 857-403-1265)**

PAYMENT INFORMATION

Name: _____ Company: _____

Address: _____

Email: _____ Phone: _____

Total Amount Pledged \$ _____ **Signature:** _____

- Check enclosed, payable to **Hedge Funds Care**
- Please send me an invoice
- Please charge to my:
 - Visa Mastercard American Express

Credit Card Number: _____ Expires: _____

Signature: _____

We list our donors in a variety of places, including event materials, annual reports, and the website. Please let us know how you would like to be listed in these materials or if you would prefer to remain anonymous.

- I/We would like to be listed as: _____
- I/We would prefer to remain anonymous

Please mail, e-mail, or fax this form to:

Hedge Funds Care
70 West 36th Street, Suite 1404
New York, NY 10018

Attention: Dan Butchko
Phone: (212) 991-9600 Ext. 336
Fax: (646) 214-1079
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