



29th San Francisco Power of Choice Luncheon
Thursday, March 21, 2024
Fairmont Hotel, San Francisco

SPONSOR REPLY FORM

Please respond by **December 15, 2024** to be an early sponsor and to be listed in our printed invitation

NAME (as you would like it to appear) _____

Event Sponsors: please reserve the following (unless otherwise noted, includes admission for ten):

- | | |
|--|----------|
| <input type="checkbox"/> Visionary @ \$50,000 | \$ _____ |
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| <input type="checkbox"/> Justice Ticket @ \$5,000 – admission for one | \$ _____ |
| <input type="checkbox"/> Supporter Ticket @ \$3,000 – admission for one | \$ _____ |
| <input type="checkbox"/> Leadership Ticket @ \$1,500 – admission for one | \$ _____ |

Donations:

- ☐ I am unable to join you this year, but would like to support
Reproductive Freedom For All's work in the amount of: \$ _____

DESIGNATION REQUIRED: If no designation is made, your gift will automatically be allocated to NARAL Pro-Choice America, 501(c)(4). To split your gift between the two organizations, please indicate the percentages, below:

_____ **Reproductive Freedom For All is a 501(c)(4) organization for electoral & lobbying activities.** Contributions, while not tax-deductible, are the best way to make political change. No funds will be earmarked or reserved for any political purpose. The first \$10 of your annual gift keeps your membership status active for an additional year. TAX ID: 13-2630359

_____ **Reproductive Freedom For All Foundation is a 501(c)(3) organization for non-political, educational activities.** Contributions are tax-deductible, with the exception of the value of any benefits provided. TAX ID: 52-1100361

☐ **Check enclosed:** Make payable to either Reproductive Freedom for All (c4) OR Reproductive Freedom for All Foundation (c3)

☐ **Pay Online:** www.ReproForAll.org/SF24

☐ **Please CHARGE my account:** ___ VISA ___ MasterCard ___ American Express ___ Discover/NOVUS

Name (as it appears on card) _____

Card Number _____ Expiration _____

Billing Address _____

Primary Phone: _____ Email: _____

Signature: _____

Questions? Please contact Events@ReproForAll.org

To mail in a check: 1725 Eye St NW, Ste. 900, Washington, DC 20006

Please note that USPS has been experiencing delays

c3 Tax ID: 52-1100361 // **c4 Tax ID:** 13-2630359 // Please note - if you're giving via a donor advised fund and typically are anonymous, it helps to note that the gift is to the SF event and note that no benefits will be received

www.ReproForAll.org/SF24