

SAVE THE DATE **MAY 22, 2018**

I / WE WILL PURCHASE \_\_\_\_\_ TABLE(S):

**\$50,000 Platinum Benefactor Table** (\$47,700 tax-deductible)

Includes premium seating for one table of twelve guests; listing on all printed materials and website; a special reception and tour of the Museum; and a Noguchi Akari light sculpture for each guest

**\$25,000 Gold Benefactor Table** (\$22,700 tax-deductible)

Includes premium seating for one table of ten guests; listing on all printed materials and website; and a Noguchi Akari light sculpture for each guest

**\$15,000 Silver Benefactor Table** (\$13,500 tax-deductible)

Includes preferred seating for one table of ten guests; listing on all printed materials and website; and a copy of The Isamu Noguchi Garden Museum Catalogue for each guest

**\$10,000 Sponsor Table** (\$8,500 tax-deductible)

Includes preferred seating for one table of ten guests, and listing on all printed materials and website

I / WE WILL PURCHASE \_\_\_\_\_ TICKET(S):

**\$2,500 Patron Ticket** (\$2,270 tax-deductible)

Premier seating for one guest, a Noguchi Akari light sculpture, and Patron listing on all printed materials and website

**\$1,500 Supporter Ticket** (\$1,350 tax-deductible)

Preferred seating for one guest and Supporter listing on all printed materials and website

**\$1,000 Friend Ticket** (\$850 tax-deductible)

Preferred seating for one guest and Friend listing on all printed materials and website

I / WE CANNOT ATTEND BUT WISH TO MAKE A FULLY TAX-DEDUCTIBLE GIFT OF \$ \_\_\_\_\_

NAME (as you wish it to appear on printed materials)

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE NUMBER

Please mail, fax, or email this form to:

**The Noguchi Museum, attn Melissa Gatz  
32-37 Vernon Boulevard  
Long Island City, NY 11106**

**Phone** 718.204.7088 ext 229

**Fax** 718.278.2348

**Email** mgatz@noguchi.org

**Thank you for your support. Reservations received by  
Friday, March 16, 2018 will be listed on the printed invitation.**

My check (made payable to The Noguchi Museum) is enclosed.  
Please charge my:  American Express  MasterCard  Visa

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

CVV

SIGNATURE