



you are invited...

EVENT CHAIRS

Bruce Cowan & Rhonda Mace

Cordially Invite You to Attend

"Swing for the Stars" 2007 National Gala

to Benefit the National Scleroderma Foundation & its Tri-State Chapter

HONORING

Dr. Lee Shapiro, Dr. Barry Jaffin, and Dr. Anthony Weiss

MASTER OF CEREMONIES

WCBS-TV weather anchor Lonnie Quinn

THURSDAY, NOVEMBER 29TH, 2007

THE GRAND HYATT

Park Avenue and 42nd Street, New York

6:30 P.M. Cocktails and Silent Auction

7:30 P.M. Dinner, Live Auction, & Entertainment

PERFORMANCE BY

LaLa Brooks, Original lead singer of "The Crystals"

Cocktail Attire

For further inquiries contact: 800.722.HOPE (4673)

To make reservations fill out and return the enclosed reply card.



ALL ADS MUST BE SUBMITTED BY E-MAIL OR IN A CAMERA READY, COLOR OR BLACK & WHITE FORMAT NO LATER THAN NOVEMBER 8, 2007

Ad Size	Ad Cost	DIMENSIONS
Full Page	\$2,000.00	7.5 x 10"
1/2 Page	\$1,200.00	7.5 x 4.75"
1/4 Page	\$750.00	4.75 x 3.5"
Business Card	\$500.00	3.5 x 2.0"
Line Listing	\$100.00	1 Line

Name of Company or Individual _____ Phone Number (____) _____

E-Mail Address _____ Mailing Address _____

City/State/Zip _____

Ad Size (select one)

full page 1/2 page 1/4 page business card line listing

Yes! We would like to sponsor The Second Swing for the Stars National Gala.

Please reserve the following:

- Galaxy Presenting Sponsor package at \$50,000
- Super Nova Platinum Sponsor package at \$25,000
- Nova Gold Sponsor package at \$10,000
- Nova Silver Sponsor package at \$5,000

Yes! We would like to purchase Table(s) for the full evening at \$4,000 each.

Yes! We would like to purchase Tickets for the full evening at \$400 each.

Yes! We would like to purchase Tickets for the cocktail reception and silent auction at \$250 each.

We are sorry we are unable to attend, but we would still like to support the Gala and The Scleroderma Foundation with a contribution of \$_____.

Name _____ Company _____

Address _____ City _____

State _____ Zip _____ Day Phone (____) _____

Total amount of check enclosed or credit card transaction to be made: \$ _____

Credit card: Amex Visa Mastercard

Name on card _____

Number _____ Expiration ____/____

Note: All contributions to the Scleroderma Foundation tax deductible to the extent provided by the law.

Please list your table guests

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

PLEASE RETURN TO:
 The Scleroderma Foundation
 300 Rosewood Drive, Suite 105
 Danvers, Massachusetts 01923

E-mail: jvandussen@scleroderma.org

For more information visit our
 Web site at
www.scleroderma.org