

FEMMY AWARDS 2020 RSVP



**TUESDAY
FEBRUARY 4
2020**



PAYMENT DETAILS

The Club accepts American Express, Visa, MasterCard, Discover and checks (payable in U.S. Dollars, drawn upon a U.S. Bank.)

If paying by check, please make payable and mail to:

**The Underfashion Club, Inc.
326 Field Road, Clinton Corners, NY 12514**

You can also register/pay on our website:
www.underfashionclub.org

For information on payment by wire transfer, please email us at underfashionclub@frontiernet.net.

RESERVATION AND CANCELLATION POLICY

Once you have submitted your registration, any changes must be confirmed IN WRITING. You will remain obligated for the full value of any premier packages, individual seats or donations cancelled or reduced after Tuesday, January 21, 2020.

For additional information, call the Club Office at 845-758-6405.

Visit our web site at www.underfashionclub.org or email us at underfashionclub@frontiernet.net.

VENUS DE MILO PREMIER PACKAGES

ATHENA - \$25,000

- Premium Table of Ten
- Premium Page Recognition in Journal
- \$17,000 dedicated to the Club's SAIG* programs

APHRODITE - \$20,000

- Premium Table of Ten
- Premium Page Recognition in Journal
- \$12,000 dedicated to the Club's SAIG* programs

FEMMY/GOLD - \$15,000

- Prime Table of Ten
- Gold Page Recognition in Journal
- \$7,000 dedicated to the Club's SAIG* programs

FEMMY/SILVER - \$10,000

- Prime Table of Ten
- Silver Page Recognition in Journal
- \$2,000 dedicated to the Club's SAIG* programs

**Scholarships, Awards, Internships and Grants*

INDIVIDUAL SEATS

_____ Club Member/s @ \$600 _____ Non-Member/s @ \$800

DONOR RECOGNITION IN JOURNAL

(Check off level of contribution)

- _____ Gold Page Recognition for Donors of \$5,000 or more
- _____ Silver Page Recognition for Donors of \$3,000 or more
- _____ White Page Recognition for Donors of \$1,000 or more

Donations of less than \$1,000 will be acknowledged on the Contributor's Page.

REGISTRATION

I/We commit to: \$ _____

For _____

Contact Name _____

Firm _____

Address _____

Tel _____

Email _____

To Pay By Credit Card: Enter ALL of the information requested below.

AMEX MasterCard VISA Discover

Cardholder's Name _____
(Exactly as it appears on the card)

Account Number _____

Expiration Date _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

THE REGISTRATION DEADLINE FOR GUARANTEED SEATING IS TUESDAY, JANUARY 21, 2020