



*I Have Never
Forgotten You*

THE LIFE AND LEGACY OF SIMON WIESENTHAL

RSVP

Please consider one of the following sponsorship categories to benefit the work of Friends of Simon Wiesenthal Center for Holocaust Studies:

I Have Never Forgotten You

THE LIFE AND LEGACY OF SIMON WIESENTHAL

_____ **\$10,000 The Pillar**

Includes ten preferred tickets, an invitation to the cocktail and dessert reception at the Toronto Centre for the Arts, a video library from the Moriah Films Collection and first-standing recognition in the programme.

_____ **\$5,000 The Guardian**

Includes six preferred tickets, an invitation to the cocktail and dessert reception at the Toronto Centre for the Arts, a video library from the Moriah Films collection and recognition in the programme

_____ **\$3,600 The Double Chai**

Includes four preferred tickets, an invitation to the cocktail and dessert reception at the Toronto Centre for the Arts and recognition in the programme.

_____ **\$1,800 The Chai**

Includes two tickets, an invitation to the cocktail and dessert reception at the Toronto Centre for the Arts and recognition in the programme.

_____ **\$1,000 The Patron (\$500 single)**

Includes two tickets, an invitation to the cocktail and dessert reception at the Toronto Centre for the Arts and recognition in the programme.

_____ **\$250 The Benefactor (\$125 single)**

Includes two tickets, an invitation to the dessert reception at the Toronto Centre for the Arts and recognition in the programme.

_____ **\$100 The Friend (limited tickets available)**

Includes one ticket and an invitation to the dessert reception at the Toronto Centre for the Arts.

I/We are unable to attend. Please accept my gift of \$_____ to benefit the work of FSWC. A full tax receipt will be issued.

Tickets that are ordered by November 15, 2006 will be mailed, otherwise tickets can be picked up at the door prior to the event.

Sponsorship Category _____ No. of tickets _____

Name _____

Street _____

City _____

Province _____ Postal Code _____

Telephone _____

Fax _____

E-mail _____

Please indicate how your name is to appear in the Programme, if applicable.

Name _____

Enclosed is my cheque for \$_____ made payable to the:
Friends of Simon Wiesenthal Center for Holocaust Studies.

Please charge my: Visa MasterCard Amex

Card Number _____

Expiration Date _____

Signature _____

For further information or to purchase by phone:

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