



RIPPLE OF HOPE AWARD

SELECT SPONSORSHIP LEVEL

- Advocate—\$100,000
- Defender—\$10,000
- Donor—\$1,000
- Hero—\$50,000
- Guardian—\$5,000
- Virtual Ticket—\$500
- Reformer—\$20,000
- Event Ticket—\$2,500
- Other: \$ _____
(Donation only)

I would like to receive the gift box(es) associated with my sponsorship/ticket purchase: Yes No

CONTACT INFORMATION

For donor recognition, please acknowledge my support using this name

Contact name (if different from above)

Title	Organization		
Address	City	State	Zip
Telephone (day)	E-mail		

PAYMENT DETAILS

Please indicate payment preference for the total amount of \$ _____

I'd like to cover my 3% transaction fee.

- Check payable to Robert F. Kennedy Human Rights
- PayPal: Please invoice me at the address noted above.
- Credit Card: Visa/Mastercard/American Express

Card number	Exp	CVV/CSC
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Name on card	Signature
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For additional information, please contact Melissa Cather at cather@rfkhumanrights.org / (617) 593-5588 or Suzanne Lutz at lutz@rfkhumanrights.org / (917) 284-6151.

Please complete this form and send with your payment to:
Robert F. Kennedy Human Rights
P.O. Box 982
New York, NY 10272