

You are cordially invited

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2.28.2012



Dance Theatre of Harlem
VISION GALA

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HONOREE

Harry Belafonte

HONORARY CHAIRPERSON

Lynn Whitfield

SPECIAL GUEST HOST

Soledad O'Brien

Tuesday, February 28, 2012

Mandarin Oriental New York • 80 COLUMBUS CIRCLE AT 60TH STREET

Main Ballroom

6:30 p.m. Cocktail Reception • 7:30 p.m. Dinner

PERFORMANCES BY

Special Company Preview • Students of the Dance Theatre of Harlem School • The Dance Theatre of Harlem Ensemble

BLACK TIE

Proceeds benefit the Dance Theatre of Harlem School's Next Generation Fund and the Community Engagement Fund

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*In Memoriam

DANCE THEATRE OF HARLEM • WWW.DANCETHEATREOFHARLEM.ORG

PAYMENT OPTIONS

PLEASE CHOOSE ONE:

CHECK IS ENCLOSED IN THE AMOUNT OF \$ _____

(Payable to Dance Theatre of Harlem, Inc.)

OR CREDIT CARD PAYMENT

AMEX _____ VISA _____ MC _____ DISC _____

FOR \$ _____

CARD NO. _____

EXP. DATE _____ CVV _____

SIGNATURE _____

NAME _____

COMPANY _____

ADDRESS _____

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STATE _____ ZIP _____

EMAIL ADDRESS _____

DAYTIME TELEPHONE _____

**FOR FURTHER INFORMATION, PLEASE CALL THE DEVELOPMENT
OFFICE AT (212) 690-2800, X 434, OR FAX TO (212) 690-8736**

DANCE THEATRE OF HARLEM
THE EVERETT CENTER FOR THE PERFORMING ARTS
466 WEST 152ND STREET, NEW YORK, NY 10031-1814

SWILLIAMS@DANCETHEATREOFHARLEM.ORG

Dance Theatre of Harlem VISION GALA 2012

6:30 P.M. COCKTAIL • 7:30 P.M. DINNER
TUESDAY, FEBRUARY 28, 2012

RESERVATIONS

_____ **PLATINUM TABLE(S) AT \$25,000**

(Includes premium seating, recognition from the podium, program listing, and 10 named fellowships for the Dance Theatre of Harlem School)

_____ **GOLD TABLE(S) AT \$15,000**

(Includes prime seating, recognition from the podium, program listing, and 5 named fellowships for the Dance Theatre of Harlem School)

_____ **FRIEND TABLE(S) AT \$10,000**

(Includes priority seating and 5 named fellowships for the Dance Theatre of Harlem School)

TICKETS

_____ **PLATINUM TICKET(S) AT \$2,500**

_____ **GOLD TICKET(S) AT \$1,500**

_____ **FRIEND TICKET(S) AT \$1,000**

The non-tax deductible portion of each ticket is \$275.

I/We cannot attend, but wish to make a fully tax-deductible contribution of \$ _____

ADDITIONAL INFORMATION

PROGRAM LISTING

(Please list your name or company exactly as you wish it to appear in print.)

GUEST LIST

Please list the names of your guests:

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

SEE BACK FOR ADDRESS AND PAYMENT DETAILS