

# REPLY CARD

## SPONSORSHIP BILLING INFORMATION

Please complete the following information and return by March 15, 2024

Name:	
Title:	
Company:	
Address:	
Phone:	Fax:
Email:	

## SPONSORSHIP

Please refer to the sponsorship levels

Sponsorship Level:
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## DIGITAL JOURNAL AD RESERVATION

Please refer to journal ad specifications and instructions

Journal Ad Size:	
Donation: \$	
Total Amount Due: \$	Today's Date:

### FORM OF PAYMENT

Check enclosed  
Payment to follow

### CREDIT CARD

If you would like to pay with a credit card, please visit to [www.aspirany.org/sponsorship-opportunities](http://www.aspirany.org/sponsorship-opportunities) to process your payment online.

#### For more information

**Contact:** Karen Sanchez, [ksanchez@nyaspira.org](mailto:ksanchez@nyaspira.org), 646-763-8348  
**Visit:** [www.aspirany.org/coa](http://www.aspirany.org/coa)

### SIGNATURE

### SEND CHECKS TO:

**ASPIRA of New York Inc.**  
15 West 36TH Street, 15TH Floor, New York, NY 10018  
**ATTN:** Carmen Diaz-Malvido, 646-763-8388