



American-Scandinavian Foundation Spring Gala
Thursday, May 22nd, 2025 | The Metropolitan Club
H.E. Halla Tómasdóttir, President of the Republic of Iceland Honored Guest
Helena Hernmarck ASF Cultural Award Recipient

TABLE PACKAGES (*All but \$2,500 per table is tax-deductible*)

___ **PLATINUM BENEFACTOR • \$50,000**

- VIP table for ten at the Dinner
- Prominent recognition as a Gala Chair
- Invitation to pre-Gala Honoree reception
- Full page advertisement in two issues of *Scandinavian Review*
- Recognition as a Platinum Benefactor in printed materials

___ **GOLD PATRON • \$25,000**

- Premier table for ten at the Dinner
- Prominent recognition as a Gala Vice Chair
- Invitation to pre-Gala Honoree reception
- Full page advertisement in *Scandinavian Review*
- Recognition as a Gold Patron in printed materials

___ **SILVER SPONSOR • \$15,000**

- Preferred table for ten at the Dinner
- Recognition as a Silver Sponsor
- Half page advertisement in *Scandinavian Review*
- Recognition as an ASF donor in printed materials

___ **BRONZE SUPPORTER • \$10,000**

- Table for ten at the Dinner (limited number of tables available)
- Recognition as a Bronze Supporter
- Quarter page advertisement in *Scandinavian Review*
- Recognition as an ASF donor in printed materials

INDIVIDUAL TICKETS (*Please indicate number requested. All but \$250 per ticket is tax-deductible*)

___ **\$5,000** (VIP seating)

___ **\$2,500** (Premier seating)

___ **\$1,500** (Preferred seating)

___ **\$1,000** (Regular seating)

CONTRIBUTIONS

___ I am unable to attend but would like to make a donation in the amount of \$ _____

TRIBUTE ADVERTISEMENT

___ **\$2,500** I would like to purchase a Tribute Advertisement to appear in the Gala Program and one issue of *Scandinavian Review*



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Please complete all fields on reverse side.

PLEASE COMPLETE ALL FIELDS

Name (As you wish to be listed in all materials. Deadline to be listed in the invitation is March 15, 2025)

Company (If applicable)

Address

City	State	Zip Code
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Phone	Email
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PAYMENT OPTIONS:

_____ Enclosed is my/our check for \$ _____.
 Please make checks payable to **American-Scandinavian Foundation** and mail to:
 American-Scandinavian Foundation, Development Department, 58 Park Avenue, New York, NY 10016

_____ Please charge my/our credit card:

Card Number	Expiration Date	CVV Code (Required)
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Amount	Zip Code (Required)
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Single tickets and online donations may also be made at: <https://go.amscan.org/Gala2025>

For further information, please call the Development Office at 212.847.9715 or email gala@amscan.org

American-Scandinavian Foundation is a qualifying tax-exempt organization as described in section 501(c)3 of the Internal Revenue Code. For tax purposes, \$250 per attendee is non-deductible. Contributions are wholly deductible as provided by law.