



Women Mean Business Luncheon

Friday, April 24, 2026 | 11:30 AM – 2:00 PM

The Plaza Hotel | 770 Fifth Avenue | New York, New York

❶ Sponsorship/Tickets

**A graduate of the Coalition's First Step Job Training Program will be seated at each table.*

☐ Benefactor: \$30,000 – 2 Tables for 18 total guests*

Your sponsorship will provide scholarships to ten First Step students

- ☐ Full-page ad in the program
- ☐ Acknowledgments on event website and in event materials

☐ Patron: \$20,000 – 1 Table for 11 guests*

Your sponsorship will provide a scholarship to six First Step students

- ☐ Full-page ad in the program
- ☐ Acknowledgments on event website and in event materials

☐ Advocate: \$15,000 – 1 Table for 9 guests*

Your sponsorship will provide scholarships to four First Step students

- ☐ Full-page ad in the program
- ☐ Acknowledgments on event website and in event materials

☐ Partner: \$7,500 – 1 Table for 7 guests*

Your sponsorship will provide scholarships to two First Step students

- ☐ Half-page ad in the program
- ☐ Acknowledgments on event website and in event materials

☐ Sustainer: \$3,500 – Tickets for 5 guests

Your sponsorship will provide a scholarship to one First Step student

- ☐ Third-page ad in program
- ☐ Acknowledgments on event website and in event materials

☐ Supporter: \$2,000 – Tickets for 4 guests

Your sponsorship will provide a First Step class with computer training

- ☐ Acknowledgments on event website and in event materials

☐ Friend: \$1,500 – Tickets for 2 guests

- ☐ Acknowledgments on event website and in event materials

☐ General Admission: \$300 – Ticket for 1 guest

Number of Tickets: _____

☐ Donation: I wish to make a tax-deductible contribution in the amount of:

\$ _____.

Your contribution is tax-deductible, less \$150 per ticket for those who attend the event.

Sponsorships cannot be paid using Donor Advised Funds unless no tickets are received in exchange.

❷ Contact Information

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone / Email: _____

❸ Payment Method

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa

Credit Card No: _____

Expiration Date: _____ Signature: _____

Check: Please make check payable to **Coalition for the Homeless** and return to the address below.

Wire or ACH Transfer: Please email cohara@cfthomeless.org for transfer instructions.

Sponsorships and
Tickets can be
purchased online at:
coalitionforthehomeless.org/wmb

