

AMAA CENTENNIAL KICK-OFF

Celebratory Banquet

Honoring

The Child and Orphan Care Committee

Saturday, October 8, 2016

RSVP by September 24, 2016

SPONSORSHIP AND TICKET RESERVATIONS

_____ **Event Sponsor - \$50,000** (two tables of ten)

_____ **Benefactor - \$25,000** (table of ten)

_____ **Grand Patron - \$10,000** (table of ten)

_____ **Patron - \$5,000** (eight seats)

_____ **Gold Sponsor - \$2,500** (four seats)

_____ **Silver Sponsor - \$1,000** (two seats)

_____ **Individual ticket at \$ 250.00 per person**

All levels of sponsorship will be recognized in the Program Book.

Enclosed is my check in the amount of \$ _____ payable to AMAA

I regret that I am unable to attend. Enclosed is my tax deductible donation in the amount of \$ _____

AMAA is a qualified 501(c)(3) organization – federal tax i.d. number 13-5670954

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Day Phone: _____

E-Mail: _____

Please list on the reverse side of this card the guests at your table. All contributions in excess of the value of goods and services received per person are fully tax-deductible. Contributions must be received by September 24, 2016 to be listed in the program.

For information, please contact Grace Kurkjian at 714.773.9075, or Debbie Levonian at 818.788.5730, E-mail: AMAAevent@gmail.com

Please list the names of the guests you would like to be seated with.

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____