

R.S.V.P. by September 16, 2016

Name Phone

Address

E-mail.....

- | | | |
|-------------------------------------------------------------|--------------|----------------------|
| <input type="radio"/> Grand Benefactor - \$5,000 | Table of Ten | Seats reserved |
| <input type="radio"/> Benefactor - \$ 2,500 | Table of Ten | Seats reserved |
| <input type="radio"/> Guardian - \$ 1,000 | Five Tickets | Seats reserved |
| <input type="radio"/> Patron - \$ 500 | Two Tickets | Seats reserved |
| <input type="radio"/> Sponsor - \$ 250 (1 ticket included) | | |
| <input type="radio"/> Friend - \$ 125 (ticket not included) | | |

Please specify how you would like to be recognized in the Program

- Please reserve Tickets at \$100 each I am unable to attend. Enclosed is my donation

Major Credit Card #..... Exp. Date.....

Please make your tax deductible donation payable to
AMAA Orphan Child Care Fund. Please list the names
of your guests at the back of this card.

For more information please contact:
Susan Covo 617.818.8977