

Thursday, September 21



ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		
I would like to m	urchase tickets at \$350 pe nake a tax deductible donation of \$ h	\$	
Please fill out your m	neal request on the back of this ca	ırd.	
would like to be a: Gold Sponsor: \$25,000 Bronze Sponsor: \$5,000		◯ Silver Sponsor: \$15,000 ◯ Table Host: \$3,500	
PAYMENT INFO Check Enclosed Visa TOTAL TO CHARGE	RMATION (Please make checks payable to A. Mastercard O American		
CREDIT CARD #		EXP. DATE	

RSVP by Sept. 8, 2017

All proceeds benefit the ArtsBridge Foundation, a 501(c)(3) non-profit organization. A portion of the ticket cost is a tax deductible donation.



Please select an entrée and include any dietary restrictions

Kindly respond by September 8, 2017

Guest Name	Chicken	Vegetable	Dietary Restrictions
	\bigcirc	\bigcirc	0
	\bigcirc	\bigcirc	0
	0	0	0