



Celebrating the Dreamers Dream Catchers & Dream Makers

DINNER TICKETS

_____ Dinner Ticket(s) @ \$125 ea # of tickets

_____ Table(s) of Ten @ \$1,150 ea # of tables

I/We are unable to attend the Benefit, but would like to make a contribution of
\$ _____

PAYMENT INFORMATION

\$ Amount for Dinner(s) (\$125 x number of attendees).....\$ _____

\$ Amount for Table(s) (\$1150 x number of tables of 10)..... \$ _____

\$ Amount for Contribution Only.....\$ _____

Total Amount Due: \$ _____

NAME - AS YOU WISH TO BE LISTED

COMPANY/ORGANIZATION - IF YOU WISH TO BE LISTED AS A CORPORATE SPONSOR

MAILING ADDRESS

PHONE #

EMAIL

Please charge my credit card:

American Express Master Card Visa

Check enclosed

NAME - AS IT APPEARS ON YOUR CARD

SIGNATURE

ACCOUNT NUMBER

EXPIRATION DATE (MONTH/YEAR)

SECURITY CODE

For further information, contact Joan Glase:

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