

2013 GALA RESERVATION FORM

Please print clearly and return this form with your reservation:

Name: _____
Company Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

April 14, 2013 – Beckwith Pointe

1:00 pm – 5:30 pm

- I would like to Sponsor the 2013 Celebration of Hope Gala with a **Star of Hope Sponsorship** in the amount of **\$950.00** (which includes a Star of Hope Sponsorship Table for 10 and your advertisement or message will appear on a Full Page Ad in the Gala Journal).
- I would like to reserve _____ Seat(s) in the amount of **\$85.00 each.**
- I am unable to attend the Dinner, but would like to sponsor a Table for 10 in the amount of **\$850.00** (which includes a Full Page Ad in the *Gala* Journal).
- I am unable to attend the Dinner, but would like to sponsor _____ Seat(s) in the amount of **\$85.00 each.**
- I am unable to attend the Dinner, but would like to make a contribution in the amount of \$_____ (Thank you so much !)*

Total Amount Enclosed: \$_____

Please list guests on the back of this form to insure proper seating.

Please make your check payable to: **Westchester Foundation for Autism**
Mail to: P.O. Box 596 – Scarsdale, NY 10583
203-918-1885 wfa@wfaautism.org

2013 GALA RESERVATION FORM

Please print clearly and return this form with your reservation:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Please make your check payable to:

Westchester Foundation for Autism
P.O. Box 596
Scarsdale, NY 10583
203-918-1885
wfa@wfaautism.org