

RSVP

Monday, November 23, 2009

PLEASE REPLY BY NOVEMBER 9, 2009



Name _____
(as you would like to be listed in the program)

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home Work Cell

Email _____

Please complete information on the reverse side.



RESERVED SEATING FOR SPONSORS

\$600 (\$352 tax deductible)

8 reserved seats, 8 drink tickets, 4 parking passes & Gold Sponsor listing.

\$350 (\$226 tax deductible)

4 reserved seats, 4 drink tickets, 2 parking passes & Silver Sponsor listing.

\$200 (\$138 tax deductible)

2 reserved seats, 2 drink tickets, parking pass & Bronze Sponsor listing.

**I cannot attend
but would like to
make a donation**

\$ _____

GENERAL SEATING

Individual ticket: \$36.00 (\$16 tax deductible) Open seating.

_____ # TICKETS

TOTAL

\$ _____

PAYMENT INFORMATION

Check (Make payable to Milestones Autism Organization)

Credit Card (Credits are processed through PayPal)

Visa **Discover** **MC** **AMEX**

Amount to be charged \$ _____

Card Number _____

Security Code (3/4 digits) _____ Exp.Date _____

Name _____

Signature _____

CREDIT CARD BILLING ADDRESS

(If different than the reverse information)

Address _____

City _____

State _____ Zip _____

Phone _____

Questions?

Contact Carole at 216.464.7600
or info@milestones.org