

THE GALA

Kindly respond by May 20, 2019

- _____ Benefactor (incl. program listing), \$300 per person \$ _____
_____ Patron (incl. program listing), \$225 per person \$ _____
_____ Guest, \$175 per person \$ _____
_____ Corporate table for eight \$2,500 \$ _____
(incl. program listing, table signage)
_____ I/we cannot attend, but enclosed is a donation \$ _____

Food choices: Whitefish _____ Short ribs _____ Canneloni _____

Name _____
(Benefactors & Patrons, print name as you wish in program)

Address _____

City/State/Zip _____

Phone _____ email _____

Enclosed is my check for \$ _____ for _____ reservations
Check payable to Dearborn Symphony, PO Box 2063, Dearborn MI 48123

Credit Card \$ _____ Visa MC AMEX Discover

Card # _____ Exp _____ Sec# _____

Name as it appears on credit card _____

*Reservations limited. Payment ensures your reservation (no tickets).
Information: Symphony office 313.565.2424.*

Please list with whom you wish to sit on the back of this card.

TABLES SEAT 8. Please list with whom you'd like to sit. If you are purchasing a table, please include your guests' phone numbers and addresses.

Fair market value \$85
The difference between cost and
fair market value is a charitable contribution.
A receipt will be mailed following the event.