

RESERVATION FORM

BENEFACTOR \$200 _____

(charitable donation \$140)

Includes recognition on sponsor display board

GUEST \$150 _____

(charitable donation \$90)

I/we are unable to attend

but would like to donate \$ _____

Name(s) _____

Address _____ City/St/Zip _____

Phone _____ Email _____

MAKE CHECK PAYABLE TO DEARBORN SYMPHONY **Amt enclosed \$** _____

OR CHARGE: Visa MasterCard AmEx Discover

Name on card _____ Card number _____

Exp. date _____ Sec Code _____ Signature _____

Please return by August 15 to Dearborn Symphony, PO Box 2063, Dearborn MI 48123