

Please make your reservations by **OCTOBER 3, 2015**

Yes, I/We will attend and would like to reserve:

STANDARD LEVEL: \$70 per individual
(includes luncheon) # _____ Tickets

PATRON LEVEL: \$80 per individual # _____ Tickets
(includes luncheon, tailgating party and individual recognition in journal)

TABLE: \$700 for Table of 10 _____

We cannot attend but wish to help grant a child's wish
\$ _____ (Donations are fully deductible as allowed by law)

Total amount enclosed or charged: _____

Name: _____ **Phone:** _____

Address: _____

City: _____ **Zip:** _____

Check # Enclosed: _____

Please Bill: VISA MC AMEX DISC

Card No. _____ **Exp. Date:** _____

Signature _____

Please make checks payable to :
Make-A-Wish® Central New York

ALL TICKETS WILL BE HELD AT THE DOOR

The fair market value of each Luncheon ticket is \$21.

Please seat the following guests at my table / Please seat me with:

_____	_____
_____	_____
_____	_____
_____	_____

Thank you for your support and for helping make wishes come true for children with life-threatening medical conditions. We look forward to sharing a fun-filled and magical day with you!

Make-A-Wish® Central New York
5005 Campuswood Drive, East Syracuse 13057
PHONE 315.475.WISH / 800.846.WISH

✧ Designed by Sara Morse for Make-A-Wish Central New York - summer 2015 ✧