

R.S.V.P.

Name: _____

Address: _____

City _____ Zip _____ Phone: _____

Yes! We will be attending ...

___ \$300 Standard FSC package (# of people attending ___)

___ \$500 Silver package (# of people attending ___)

___ \$1000 Gold package (# of people attending ___)

___ \$1500 Platinum package (# of people attending ___)

Additional tickets ___ x \$75 = _____

Sorry, we cant make it....but please accept our contribution of \$ _____

Event book Tribute Pages/Ads

___ full page \$150 ___ 1/2 page \$ 100 ___ 1/4 page \$60

Drink ticket @ \$7 each _____

NY Opportunity Drawing Tickets \$100 each (only 100 tickets will be sold)

___ x \$100 = _____

Payment:

___ Check enclosed (made out to Foundations School Community)

___ Visa or ___ MasterCard cc# _____

Name as shown on Card _____

Billing address and zip Code _____

exp date _____ Signature _____

Foundations School Community Tax Identification Number: 95-4514927

Please return this form with payment by Monday March 8th