

Yes, I will attend MYB's Gala; please reserve the following:

Tickets:

- _____ Donor Tickets at \$250 per person (includes donor listing in program)
_____ Event Tickets at \$150 per person
_____ Couple Discount at \$250 per couple
_____ Alumni Tickets at \$100 per person (25 years and younger)

Tables: (seating for 10)

- _____ Arabesque Tables at \$5,000 per table
_____ Penché Tables at \$2,500 per table
_____ Brisé Tables at \$1,500 per table

I would also like to make a tax-deductible contribution *OR* I am unable to attend but would like to make the following contribution:

Donation: \$ _____

Ticket for MYB faculty member at \$150: \$ _____

Amount enclosed for Ticket(s): \$ _____

Amount enclosed for Table(s): \$ _____

Amount enclosed as Donation: \$ _____

TOTAL ENCLOSED: \$ _____

Name(s) *As you would like it to appear in all Gala materials.*

Street Address

City, State, Zip

Email

Phone

Please see reverse side for seating and payment information.



Individual Ticket Seating:

Name: _____

Guest Name(s): _____

Please seat me/us with my child's class level: _____

Please seat me/us with the following persons: _____

Table Seating- please seat the following people at my table:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Payment Information:

Cash: \$ _____ Check: # _____ Payable to MYB Gala

Credit Card: # _____

Name on Card: _____

Exp Date: _____

AMOUNT _____ DATE REC'D _____ BY MYB STAFF _____