

Mr. TOL E. RANCE

CAMILLE A. BROWN & DANCERS

SATURDAY, NOVEMBER 9, 2019

Yes, I will join you! Please reserve...

_____ **PATRON TICKET(S)** at \$250 each

Favored seating at The Joyce Theater and an invitation to the post-performance celebration.

JUNIOR TICKET(S) at \$125 each

Favored seating at The Joyce Theater and an invitation to the post-performance celebration.

_____ **PERFORMANCE ONLY TICKET(S)** at \$75 each

All but \$100 of each Patron and Junior ticket is tax-deductible; all but \$55 of the Performance ticket is tax-deductible.

I am unable to attend, but have enclosed a contribution of
\$ _____

Please complete the form below.

Name _____

Company _____

Address _____

For acknowledgement of your gift.

City _____ State _____ Zip _____

Phone (day) _____

E-mail _____

Please make checks payable to CABD, INC and mail to: Camille A. Brown & Dancers
219 West 19th Street, 2nd fl, NY, NY, 10024 or charge your payment to:

_____ Amex _____ Visa _____ MasterCard

Credit Card # _____ Exp. Date _____

Signature _____ Code: _____

If charging your payment, please download and email this form to Diane@camilleabrown.org

You may also purchase tickets by calling 646-653-4960

Please list your guests:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____