

Mr. TOL E. RANCE

CAMILLE A. BROWN & DANCERS

SATURDAY, NOVEMBER 9, 2019

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

_____ **BENEFACTOR TICKET(S)** at \$500 each

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

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

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

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

All but \$125 of each ticket is tax-deductible.

My company will match my donation.

(Please include your company's matching gift form.)

Contribution is 100% tax-deductible.

Please complete the form on the reverse side.

Name _____

Company _____

Address _____

For acknowledgement of your gift.

City _____ State _____ Zip _____

Phone (day) _____

E-mail _____

Please make checks payable to CABD, INC or charge
your payment to:

_____ Amex _____ Visa _____ MasterCard

Credit Card # _____ Exp. Date _____

Signature _____ Code: _____

Please include this form with your payment in the envelope
provided. You may also purchase tickets by calling 646-653-4960

Please list your guests:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____