



**2012 Charity Preview
Wednesday, February 15, 2012
Response Form**



Supporting Meals on Wheels of Syracuse

**Checks should be made payable to SADA Charity Preview and returned with this form to Meals on Wheels of Syracuse
300 Burt Street, Syracuse, NY 13202 or faxed to (315) 478-6770.**

- Yes, I would like to attend the 14th Annual SADA Charity Preview.
Please send me _____ ticket(s) at \$125 per person*
(Your tickets will be mailed to you on or about January 21, 2012.)
- I would like to be a Corporate Sponsor
 - Gold Level Sponsor \$2,500 (20 complimentary tickets)
 - Silver Level Sponsor \$1,250 (10 complimentary tickets)
 - Bronze Level Sponsor \$625 (5 complimentary tickets)
- I regret that I am unable to attend but please accept my donation of \$_____.
- My check for \$_____ is enclosed *(made payable to SADA Charity Preview)*.
- Please charge my Visa MasterCard AMEX Discover

Name (as it appears on card): _____
 Card Number: _____ Exp. Date: _____
 CVV Code: _____ Signature: _____

Please complete the information below:
 Name: _____
 Company (if applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

* Tax-deductible to the extent permitted by law. You will receive a receipt from Meals on Wheels of Syracuse.

If you have any questions, please call Katherine N. Lowe, CFRE at Meals on Wheels at 315.478.5948 X205 or e-mail community@meals.org.