

I/WE WILL GLADLY ATTEND THE GALA

NO. OF GUESTS _____ (\$175 PER PERSON)

GUEST NAME(S) _____

PLEASE SEAT WITH _____

I/WE ARE UNABLE TO ATTEND THE GALA

PLEASE ACCEPT OUR DONATION OF \$ _____



NAME/COMPANY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PH. (_____) _____ **EMAIL** _____

PAYMENT BY CREDIT CARD: VISA MC AMEX \$ _____

CARD# _____

EXP. DATE _____ / _____ CODE _____ ZIP CODE _____

PAYMENT BY CHECK:

MY CHECK FOR \$ _____ IS ENCLOSED.

PLEASE PAY TO: HUNTINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION

P.O. BOX 552, HUNTINGTON, NEW YORK 11743

PAYMENT ONLINE: WWW.HUNTINGTONFOUNDATION.ORG