

PLEASE SELECT

- \$25,000 HOME RUN** (TWO PREMIER TABLES OF 10, PRINT ACKNOWLEDGEMENT, COMPLIMENTARY VALET PARKING, RECOGNITION AT EVENT AND COMMEMORATIVE GIFT)
- \$15,000 TRIPLE** (ONE PREMIER TABLE OF 10, PRINT ACKNOWLEDGEMENT, COMPLIMENTARY VALET PARKING AND RECOGNITION AT THE EVENT)
- \$10,000 DOUBLE** (ONE PREMIER TABLE OF 10, PRINT ACKNOWLEDGEMENT AND RECOGNITION AT THE EVENT)
- \$5,000 SINGLE** (ONE TABLE OF 10 AND PRINT ACKNOWLEDGEMENT)
- \$500 PREFERRED SEAT** TOTAL NO. OF SEATS _____
- \$350 GENERAL SEAT** TOTAL NO. OF SEATS _____
- \$250 GENERAL SEAT** (AGE 35 AND UNDER) TOTAL NO. OF SEATS _____
- ALS patient and one caregiver (COMPLIMENTARY)
- I cannot attend, please accept this contribution \$ _____
- I have already paid

RAFFLE TICKETS: (YOU NEED NOT BE PRESENT TO WIN)

- 1 TICKET/\$25 3 TICKETS/\$50 7 TICKETS/\$100 TOTAL = _____

NAME _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

EMAIL: (YOU WILL BE ADDED TO OUR LIST)

PLEASE SELECT PAYMENT TYPE:

- Check** (PAYABLE TO LES TURNER ALS FOUNDATION) **Credit Card** (CHECK ONE)
- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER _____ V-CODE _____

EXPIRATION DATE _____ TOTAL _____

SIGNATURE _____

A portion of your contribution is tax deductible to the full extent of the law and will be acknowledged by a written confirmation from the Les Turner ALS Foundation. All tables seat 10. (SEE OTHER SIDE)