

# Autism Support Network

Dinner/Dance - May 8, 2010

Honorable Guest: Individual tickets only: # \_\_\_\_ x \$80.00 ea. \$ \_\_\_\_\_

Distinguished Guest: Two tickets with Business Card or  
name in program book \$ 300.00

Executive Donor: Four tickets/four gifts;  
1/2 page program book advertisement \$ 500.00

Premier Donor: Private table of eight; eight gifts; full page  
Full page program book advertisement \$ 1,000.00

Silver Donor: Private table of 8; 8 gifts; full page program ad,  
display sign with company logo, ad on looping video; **select one**  
**of the following items below to be sponsored with your name** \$ 2,000.00

Table Favors     Table Center Pieces     Program Book Printing

Gold Donor: Private table of 8; 8 gifts; full page program ad,  
display sign with company logo, ad on looping video; **OPEN** \$ 5,000.00  
**BAR SPONSOR**

I cannot attend but would like to donate to the Autism Support Network:

\_\_\_ \$1,000\*; \_\_\_ \$500\*; \_\_\_ \$300\*; \_\_\_ \$150; \_\_\_ Other \$ \_\_\_\_\_

\* You will receive the same advertising space in our program for your donation.

***IMPORTANT: Please complete dinner selection/payment  
information on reverse side of this card.***

Seating is limited. Please R.S.V.P. no later than [April 17, 2010](#).

*The Autism Support Network is a non-profit, 501c3 organization.  
Your contributions may be tax deductible. You will receive a tax form in  
the mail from ASN regarding your donation amount.*

*Thank you for your kind support.*

**Please complete sections I and II.**

**SECTION I**

Please select your dinner entrée(s):

(# of dinners) \_\_\_\_\_ Boneless Breast of Chicken Cordon Blue

(# of dinners) \_\_\_\_\_ Black Angus Roast Prime Rib of Beef au Jus

(# of dinners) \_\_\_\_\_ Vegetarian - Pasta with Fresh Vegetables

**SECTION II**

Contact information: (required)

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

\_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_

**OR**

Check # \_\_\_\_\_ Payable to: Autism Support Network

**Silent Auction 5-7:00 pm**  
**Checks, credit card or cash accepted**