

**Please make your reservations by OCTOBER 3, 2015**

**Yes, I/We will attend and would like to reserve:**

**STANDARD LEVEL:** \$70 per individual  
(includes luncheon) # \_\_\_\_\_ Tickets

**PATRON LEVEL:** \$80 per individual # \_\_\_\_\_ Tickets  
(includes luncheon, tailgating party and individual recognition in journal)

**TABLE:** \$700 for Table of 10 \_\_\_\_\_

**We cannot attend but wish to help grant a child's wish**  
\$ \_\_\_\_\_ (Donations are fully deductible as allowed by law)

**Total amount enclosed or charged:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check # Enclosed:** \_\_\_\_\_

Please Bill:  VISA  MC  AMEX  DISC

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Please make checks payable to :**  
Make-A-Wish® Central New York

**ALL TICKETS WILL BE HELD AT THE DOOR**  
The fair market value of each Luncheon ticket is \$21.

Please seat the following guests at my table / Please seat me with:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for your support and for helping make wishes come true for children with life-threatening medical conditions.  
We look forward to sharing a fun-filled and magical day with you!

Make-A-Wish® Central New York  
5005 Campuswood Drive, East Syracuse 13057  
PHONE 315.475.WISH / 800.846.WISH

\* Designed by Sara Morse for Make-A-Wish Central New York - summer 2015 \*