



Saturday, September 12, 2015

KATE FOUNDATION 2015 GALA : EVENT TICKETS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

- Please reserve _____ ticket(s) x \$150 each. A check is enclosed for \$ _____
- Please reserve a table of 10 tickets. A check is enclosed for \$1,500.
- I/We are the parents of a child with Rett syndrome or other special needs.
Please reserve _____ ticket(s) x \$100 each. A check is enclosed for \$ _____
- I/We cannot attend, but have enclosed a donation for \$ _____

Please make checks payable to: **Kate Foundation**
944 Main St. - Suite 202
Branford, CT 06405

If known, please provide the names of your additional attendees:

Name 1: _____

Name 2: _____

Name 3: _____

Name 4: _____

Name 5: _____

Name 6: _____

Name 7: _____

Name 8: _____

Name 9: _____

For individual tickets or more information, please visit www.katefoundation.org

Kate Foundation for Rett Syndrome Research is a 501(c)(3) public charity organization. Tax ID 27-1218153.