

Taking Charge of Our Future

CELEBRATING THE FIRST 50 YEARS

Please print this form, complete it in your clearest handwriting, and mail it with your check (payable to Rochester Area Community Foundation) to:

50th Anniversary Gala
c/o Rochester Area Community Foundation
500 East Avenue
Rochester, NY 14607

1. Tickets

- | | |
|---|--|
| <input type="checkbox"/> 1 guest for \$175 | <input type="checkbox"/> 5 guests for \$875 |
| <input type="checkbox"/> 2 guests for \$350 | <input type="checkbox"/> 6 guests for \$1,050 |
| <input type="checkbox"/> 3 guests for \$525 | <input type="checkbox"/> 7 guests for \$1,225 |
| <input type="checkbox"/> 4 guests for \$700 | <input type="checkbox"/> 8 guests (full table) for \$1,250 |

- ☐ Add \$175 to purchase a ticket for a representative from a local nonprofit serving Black, Indigenous, and/or People of Color.

Total amount included: \$ _____

2. Ticket Purchaser's Contact Information

Name _____

Address _____
Street City, State Zip

Email *(required)* _____ Phone *(required)* _____

Organization Name _____

Thank you for providing your email address above. In the next section, it will be helpful if you also provide the email addresses of other guests in your party, in case we need to communicate any time-sensitive information. If you choose not to provide this information, we assume you will take responsibility for communicating any updates on our behalf.

Over »

3. Guest Information

Starting with yourself, use the table below to list up to eight guests and mark meal preference. Please be sure to write clearly for easy registration.

Guest	First Name	Last Name	Email	Surf & Turf (Gluten Free)	Stuffed Peppers (Vegan, Lactose, and Gluten Free)
1					
2					
3					
4					
5					
6					
7					
8					

If any of your guests need special accommodations, please share guest name(s) and details here.

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Other Comments:

More details on this event can be found at www.racf.org/Gala.

WE CAN'T WAIT TO SEE YOU ON SEPTEMBER 17!