



RSVP

# Afternoon of Hope



PLEASE COMPLETE THE GUEST INFORMATION AND REMIT PAYMENT TO "CHILDREN'S LEUKEMIA FOUNDATION OF MICHIGAN" BY SEPTEMBER 8, 2017

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Including City, State, and Zip Code

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CREDIT CARD ACCOUNT: \_\_\_\_\_  
3 or 4-Digit Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

A CHECK IS ENCLOSED \_\_\_\_\_ MASTERCARD, VISA, AMEX, DISCOVER (circle one)  
(Please make checks payable to Children's Leukemia Foundation of Michigan)

\_\_\_\_ PATRON SEAT(S): \$70    \_\_\_\_ BENEFACTOR SEAT(S): \$100\*    \_\_\_\_ TABLE SPONSOR: \$700\*\*    Seat(s) Total \$ \_\_\_\_\_

\_\_\_\_ 10 RAFFLE TICKETS: \$40    \_\_\_\_ 20 RAFFLE TICKETS: \$70    Raffle Tickets Total \$ \_\_\_\_\_

\*Benefactor Seats include 10 raffle tickets and name listed in event program book

\*\*Table includes 10 seats, 10 raffle tickets and name listed in event program book

TOTAL \$ \_\_\_\_\_

I am unable to attend; however, please accept my donation of \$ \_\_\_\_\_



I WOULD LIKE TO BE SEATED WITH:



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

TICKETS WILL NOT BE MAILED – RESERVATIONS WILL BE HELD AT THE DOOR

*The mission of Children's Leukemia Foundation of Michigan is to provide and promote compassionate, personalized support to adults and children in Michigan affected by leukemia, lymphoma and other blood related disorders.*

*Questions? Contact Julie McCarthy at (248) 530-3007 or [jmccarthy@leukemiamichigan.org](mailto:jmccarthy@leukemiamichigan.org)*