

ALBANY INSTITUTE OF HISTORY & ART

2018 Museum Gala Honorary Committee Response Form

Please return this form by April 23, 2018.

Name(s) _____
Your name(s) will appear on the invitation as written here.

Address _____

Email _____ Daytime Phone _____

We are purchasing the following tickets:

- Benefactor Level \$500 per person x _____ people = Total of _____
- Patron Level \$350 per person x _____ people = Total of _____
- Junior Level \$300 per person x _____ people = Total of _____
(40 and under)

Are you planning to attend the event? Yes _____ No _____

We cannot attend the event but would like to make a fully tax-deductible donation to honor **Phoebe Powell Bender**.

- Phoebe's Circle: \$100 & up per person
Your name will be listed on the invitation and program.

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- A check for \$_____ is enclosed.
(Payable to the Albany Institute of History & Art)

- Please charge \$_____ to
 - American Express
 - Discover
 - MasterCard
 - Visa

Card # _____ Expiration Date _____ Billing Zip _____

Signature _____ Date _____

Please complete this form and return by April 23, 2018.
Attn: Nicki Brown, Special Events & Membership Manager
125 Washington Avenue, Albany, New York 12210
518.463.4478 ext. 437 | brownn@albanyinstitute.org