

ALBANY INSTITUTE
OF HISTORY & ART

2015 Museum Gala Honorary Committee Response Form
Please return this form by April 10, 2015

Name(s): _____

Your name(s) will appear on the invitation exactly 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 _____

Are you planning to attend the event? _____

We cannot attend the event but we would like to honor Betty.

BETTY'S CIRCLE @ \$100 per person
Your name will be listed on the invitation and program

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: _____

*Please complete this form and return by April 10, 2015- attn: Elizabeth Reiss
125 Washington Avenue • Albany, New York 12210 • (518) 463-4478 ext. 402
or you may fax this form to Elizabeth at (518) 462-1522*