

RSVP

Name (as you wish to be listed): _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Good Friend (1 ticket) \$75 _____ Sponsor (2 tickets) \$180 _____ Patron (2 tickets) \$250 _____

My check to *Village Center for Care Fund* or *The Momentum Project, Inc.* is enclosed _____

Charge my: American Express _____ MasterCard _____ Visa _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

I/We are unable to attend but would like to contribute: _____

I would like my gift to support: Village Care of New York _____ The Momentum Project _____

For more information, please call (212) 337-5743. Contributions are tax-deductible; the non-deductible portion of each dinner ticket is \$35.00.
Thank you for your support!