

Please reply on or before February 4, 2012

Name(s) _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Individual Reservation: \$150 per person

_____ I/we are able to attend the 2012 Annual Gala.

_____ I/we are unable to attend, but would like to support the efforts of ABOARD's Autism Connection of PA by making a tax-deductible donation of \$ _____

Please turn over for payment information

Payment Information

____ Enclosed is my check for \$_____ for ____ reservations.
(Please make checks payable to ABOARD)

____ My credit card information is listed below. Please charge my card
a total of \$_____ for ____ reservations.

Credit Card Type ____ MasterCard ____ Visa

Credit Card Number _____

Expiration Date _____ Security Code (3-digit) _____

Printed Name _____

Signature _____

Thank you for your support.

Please use the enclosed reply envelope to return this card and your payment.

The tax-deductible portion of each individual reservation is \$50.