

LEAFING THROUGH THE YEARS

2016 Buffalo Bayou Partnership Gala
Thursday, November 10
6:30pm Cocktails
8:00pm Dinner



CONTACT INFORMATION

NAME FOR PRINTED MATERIALS

CONTACT NAME (IF DIFFERENT)

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

PAYMENT METHOD

Enclosed is my check payable to **Buffalo Bayou Partnership**
for \$_____.

Please charge \$_____ to my:

Visa American Express MasterCard Discover

CARD NUMBER

EXPIRATION DATE

NAME ON CARD

SIGNATURE

Please return this reservation card by October 24, 2016. For additional information, please contact Trudi Smith at 713.752.0314 ext. 103, fax 713.223.3500 or tsmith@buffalobayou.org.

INDIVIDUAL TICKETS

- ____ # of individual tickets at \$1,500 each
- ____ # of individual tickets at \$1,000 each
- ____ # of individual tickets at \$600 each
(limited availability)
- ____ # of raffle tickets at \$100 each
- ____ # of cocktail reception only tickets
at \$50 each
- I/We cannot attend; please accept my/our
tax-deductible donation of \$_____.

TABLES OF TEN

- \$25,000
- \$15,000
- \$10,000
- \$6,000
(limited availability)

FAIR MARKET VALUE
(NON-DEDUCTIBLE PORTION)
IS \$120 PER PERSON.

PLEASE LIST THE NAMES OF GUESTS AT YOUR TABLE:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____