

strike 3!

The 4th Annual
Visual AIDS Vanguard Awards

Monday, May 11, 2009 8-11PM
rsvp by Friday, May 1

Name _____

Telephone _____

E-mail _____

Address _____

Guests _____

Mail **RSVP** form with payment to:

Visual AIDS
526 West 26th Street, #510
New York, NY 10001

or FAX form with credit card info to 212-627-9815

To RSVP by phone with a credit card, call 212-627-9867

Questions? Call 212-627-9855 or info@visualAIDS.org

*No tickets will be mailed – your name will be held at the door

Ticket payment in excess of \$45 per guest is tax deductible to the extent permitted by law
Visual AIDS Federal Tax ID #13-3621169. Proceeds benefit Visual AIDS

\$250 Individual No. of tickets _____

\$2500 Lane Up to 6 bowlers
Includes 1 Karen Heagle Limited Edition

Please name your lane. Your party can check in under this name.

\$5000 Lane Up to 12 bowlers
Includes 1 Karen Heagle Limited Edition

Please name your lane. Your party can check in under this name.

\$150 Artist Tickets A limited number of tickets will be
sold on a first-come, first-served basis. No. of tickets _____

I cannot attend, but enclose a fully tax-deductible
contribution to Visual AIDS in the amount of \$ _____

I wish to purchase a ticket for an artist. Please find
enclosed a fully tax-deductible contribution of \$150

Total \$ _____

Payment type:*

Check payable to **Visual AIDS** MC VISA Amex
*Credit card payments are subject to a 3% surcharge

Card No. _____ /__ exp. date

Billing Address (if different from reverse) _____

Name on card _____

Signature _____

please fill out both sides