



TRI-STATE
MULTIPLE SCLEROSIS
ASSOCIATION

2012

Evening of Excellence

Name _____

Company _____

I/My company would like to commit
at the following level:

_____ Diamond \$2500 _____ 10 guests, event sponsor
and recognition at dinner

_____ Gold \$1500 _____ 10 guests and recognition
at dinner

_____ Silver \$1000 _____ 8 guests and recognition
at dinner

_____ Crystal \$125 _____ 1 person

_____ I am unable to attend. Please accept my donation
of _____.

Make check payable to:

Tri-State MS Association, Inc.

In accordance with IRS regulations, your contributions, excluding the \$30 per person
dinner cost, are tax deductible.

**Please list your guests.
This list will be available at the event.
No tickets will be issued.**

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____

Guest _____