

Yes, we will attend the Gala. We would like:

_____ Tickets at \$50 per ticket: Cocktail reception only

_____ Tickets at \$350 per ticket: Entire Evening

_____ Patron tables (10 seats) at \$7,000 per table

_____ Benefactor tables (10 seats) at \$10,000 per table

_____ Sponsored teacher ticket at \$350 per ticket.

Name of teacher(s) _____

Enclosed is \$_____ for our tickets.

We cannot attend but enclose our contribution of _____

Please print your name and/or the name of your company exactly as you would like to be listed in the Gala Program:

We would like to use our credit card. Please charge \$_____ to our:

American Express VISA MasterCard

Card Number

Expiration Date

Name as it appears on credit card

Signature

Please make all checks payable to the Lycée Français de New York. Ticket price in excess of \$100 per place for dinner is tax-deductible (no portion of the cocktail ticket is tax-deductible). **TICKETS WILL NOT BE MAILED.** Your name will be held at the door.



Please list the name(s) of those people with whom you will be attending or with whom you would prefer to be seated.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



Lycée Français de New York

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