



Houston
SHOULDER TO SHOULDER
Foundation

9th Annual Benefit Gala

I would like to reserve a seat and/or table for the 9th Annual Benefit Gala.

			Quantity		Total
Private Table	\$2,000	x	_____	=	\$ _____
A private table for ten guests.					
General Admission Ticket	\$150	x	_____	=	\$ _____
A seat at a table with fellow supporters.					
Student Ticket	\$75	x	_____	=	\$ _____
A seat for those with a valid student ID.					
					Final Total \$ _____

Name

Address

City, State and Zip code

Email (Please provide a valid email so we may contact you with event updates.)

Enclosed is cash or check made payable to the Houston Shoulder to Shoulder Foundation.

Please charge my credit card for the full amount of my purchase.

Visa Master Card American Express Discover

Card number _____ Expiration date _____ / _____

Signature _____ Security code _____

Mail to: Houston Shoulder to Shoulder Foundation
2429 Bissonnet Street #408
Houston, TX 77005