

the
10th
Anniversary
Travers
WINE TASTING



HONORARY COMMITTEE FORM

The National Museum of Racing, Saratoga Springs - 7:00pm
Friday, August 22, 2008 - Travers Weekend

____ Yes, I/We accept your invitation to serve on The Travers Wine Tasting Honorary Committee.
Name(s) as you wish them to appear in the printed program and invitation.

(Please Print)

Address: _____
Street City State Zip

____ I/We agree to purchase Benefactor level tickets to The Travers Wine Tasting, which includes a listing in the invitation and program book as a benefactor for \$250 each (\$500 per couple donation).

____ I/We agree to purchase Patron level tickets to The Travers Wine Tasting, which includes a listing in the invitation and program book as a patron for \$150 each (\$300 per couple donation).

____ I/We regret that we cannot attend the event, but will join the Honorary Committee with a tax-deductible gift. Benefactor (\$250 each/\$500 per couple) Patron (\$150 each/\$300 per couple)

____ Please contact me about sponsorship or program ad opportunities.

Please make checks payable to: **Senior Services of Albany Foundation, 25 Delaware Avenue, Albany, NY 12210**

Credit Card: Mastercard Visa

Name Phone

Address Email

Account# Expiration date

Signature

Please list name of attendees on reverse side. ▶

PLEASE RETURN THIS FORM BY THURSDAY, MAY 15, 2008 TO:

Mary Ann Sekellick
Senior Services of Albany Foundation
25 Delaware Avenue
Albany, New York 12210
msekellick@seniorservicesofalbany.com
ph: 518.463.4381 | fx: 518.465.6188

To Benefit Senior Services of Albany's Meals On Wheels and Other Senior-Related Services

I/We will send invitations to the following people with a personal note to attend the event:

1) Name: _____

Address: _____
Street City State Zip

2) Name: _____

Address: _____
Street City State Zip

3) Name: _____

Address: _____
Street City State Zip



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