

Dinner with Dali

The Castellani Art Museum's Eleventh Annual Gala

Please respond before October 11, 2013.

Return envelope enclosed. Reservations will be held at the door.

NAME(S)

PHONE

EMAIL

ADDRESS

CITY

STATE

ZIP

Please reserve:

_____ seat(s) at \$150 per person

_____ seat(s) at \$175 Patron. Your name(s) will be listed in the program.

Let us know exactly how you would like your name(s) to appear (PLEASE PRINT):

Vegetarian entree available by request.

Please seat me/us with:

If you or your corporation would like to become a sponsor,
please contact Susan Clements at (716) 286-8201.

Over...

PAYMENT

- Enclosed is a check in the amount of \$_____ payable
to the Castellani Art Museum of Niagara University.
- I cannot attend but would like to make a donation of \$_____ .
- Check is enclosed. Charge my credit card below.

You may charge reservations or donations to MasterCard VISA Discover

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____

The portion of your contribution over and above the cost of the dinner is tax deductible. A tax acknowledgement letter from Niagara University will be sent to you after the event.