

# Celebration Banquet Reply Card

RSVP by April 30. Advance Reservations only.

All contributors will be acknowledged in the Evening Program.

Name \_\_\_\_\_

Please print as name should appear

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Yes, I/we will attend the Celebration Banquet

## PLEASE CHECK ONE

**Benefactor** \$25,000.

Premium Table Seating Eight  
Introduction during the Dinner  
Invitation to the Private Reception

**Bronze Sponsor** \$2,500.

Four Preferred Seats  
Invitation to the Private Reception

**Gold Sponsor** \$10,000.

Preferred Table Seating Eight  
Invitation to the Private Reception

**Sponsor** \$1,000.

Two Preferred Seats  
Invitation to the Private Reception

**Silver Sponsor** \$5,000.

Six Preferred Seats  
Invitation to the Private Reception

## ONE RESERVED SEAT

**Patron \$500.**

**Donor \$250.**

**Supporter \$160.**

**Friend \$110.**

Please reserve \_\_\_ seats at \$\_\_\_\_\_/seat, in the category checked, for a total of \$ \_\_\_\_\_

Indicate method of payment:

Check made payable to Holy Trinity Armenian Church. Memo: Banquet

Payment may be made **Online** at [www.htaac.org](http://www.htaac.org).

**Credit Card:**  MC  VISA  AMEX Card No. \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

With regret, I/we are unable to join you and enclose a contribution of \$ \_\_\_\_\_, supporting the Fund in the category of giving above (please check).

I/we wish our contribution to be anonymous.

**On reverse, please print names of your guest(s), your name first.**

Indicate if vegetarian meal is preferred.

If you have any questions, please call the Church Office at 617.354.0632.