

The Thirteenth Annual

*Vision*  
**in education**  
**Award Dinner**  
2010

I will attend. Please reserve the following for me:

- \_\_\_ Host Priority Table of 10                    \$10,000
- \_\_\_ Patron Preferred Table of 10            \$5,000
- \_\_\_ Sponsor Prime Table of 10               \$3,000
- \_\_\_ Individual Reservations                   \$275 each
- \_\_\_ Alumni (2003-2009) Reservations       \$175 each

I am unable to attend, but I wish to make a contribution of \$\_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Contact name (if different) \_\_\_\_\_

Payment:

Check payable to Alliance for Character in Education

Visa    Mastercard    Discover

Account # \_\_\_\_\_

Expiration: \_\_\_\_\_ CID \_\_\_\_\_ Billing Zip \_\_\_\_\_

CID is the 3 or 4 digit number on the back of your card, near the signature

Tables seat ten.

Please list your guests or the names of the people with whom you wish to be seated.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

If you have dietary restrictions, please advise the Alliance Development office and we will make every attempt to accommodate your special needs. Your contribution, less the projected dinner cost of \$150 per guest, is tax deductible as provided by law.

For more information, please call the Development office at 847.298.0170.

Kindly respond by February 19, 2010.