

The René Moawad Foundation
Tenth Annual Miami Benefit Gala
Saturday, October 15, 2016
Ritz-Carlton Hotel, Coconut Grove, Miami, FL

Please RSVP by October 1st for Program Book Listing

Number of People Attending: _____

Names of Attendees: _____

I would like to be seated with: _____

I will need a vegetarian meal for: _____ people

Name: _____

Please print as will appear in program book if donor category is selected

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

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___ Underwriter	\$25000+	(2 Platinum Tables for 10, Invitation & Program Book listing & prime full-page ad)
___ Benefactor	\$15000	(Platinum Table for 10, Invitation & Program Book listing & prime full-page ad)
___ Major Sponsor	\$10000	(Golden Table for 10, Invitation & Program Book Listing & prime full-page ad)
___ Sponsor	\$5000	(Silver Table for 10, Invitation & Program Book Listing & full-page ad)
___ Trustee	\$3500	(Bronze Table for 10, Invitation & Program Book Listing and full-page ad)
___ Patron	\$2500	(Reserved Table for 10 , Program Book Listing and full-page ad)
___ Supporter	\$1000	(Two guests, VIP Seating, Program Book Listing, \$500 admits 1)
___ Friend	\$500	(Two guests, VIP Seating, Program Book Listing, \$250 admits 1)

Above Categories will be acknowledged in Gala Program Book if received by 10/1/2016

___ I would like to reserve _____ Dinner Seats at \$200 each

___ I cannot attend but I would like to donate \$_____ (\$200+ gets listed in program book)

___ Enclosed is my check for a total of: \$_____

___ Please charge my credit card/ _____ / _____

Type Number

\$ _____ / _____

Amount Expiration Date

**Please make checks payable to The Rene Moawad Foundation
And Mail in the Return Envelope Enclosed.**

Donations are tax-deductible to the extent allowed by the law.