

## **M&T Bank Bright Stars Night at the Circus 2017!**

## Thursday, March 30 • Reception 5:00pm • Show 7:00pm

□ \$10,000 □ \$5,000 □ \$2,500	IIPS INDEPENDENCE (100 Pre EMPOWERMENT (40 Pre OPPORTUNITY (20 Premi DIGNITY (10 Premium Le ABILITY (4 Premium Leve	mium Level Show ium Level Show & vel Show & 4 Rec	<ul> <li>4 &amp; 10 Reception Tickets</li> <li>6 Reception Tickets; FINCE</li> <li>ception Tickets; FMV: \$56</li> </ul>	; FMV: \$2320) MV: \$1160) 80)
□ \$250 (4 Sh	now Tickets, <i>FMV: \$198</i> ) now Tickets, <i>FMV: \$132</i> ) now Tickets, <i>FMV: \$66</i> )			
Matching tick military vetera	ets will be provided to chi ans.	ildren & adults wit	th disabilities including v	vounded warriors and
for services	e to donate my tickets to E s for children and adults v y veterans. Please donate	with disabilities a	ving my entire gift to be t nd their families includin	tax-deductible and used g wounded warriors
☐ I would like	e to make a donation in ar	nother amount no	t shown above: \$	
	e to make a donation in ar			
DONOR INFO		Γ SHOULD APPEAR	ON PRINTED MATERIALS)	
DONOR INFO	<b>DRMATION:</b> (PRINT AS IT	Γ SHOULD APPEAR	ON PRINTED MATERIALS)	onal Gift OR □Company Gift?
DONOR INFO	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR	ON PRINTED MATERIALS) Is this a □Pers	onal Gift OR □Company Gift?
DONOR INFO	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR	ON PRINTED MATERIALS) Is this a □Pers e: Zip:_	onal Gift OR □Company Gift?
DONOR INFO  Name: Company: (if busing Street Address: City: Phone (daytime):	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR	ON PRINTED MATERIALS)Is this a □Perse:Zip:	onal Gift OR □Company Gift?
DONOR INFO  Name: Company: (if busing Street Address: City: Phone (daytime): Email:	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR	ON PRINTED MATERIALS) Is this a □Pers e: Zip: FAX:	onal Gift OR □Company Gift?
Name: Company: (if busing Street Address: City: Phone (daytime): Email: PAYMENT TYPE: I	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR State  y Order (payable to Ea	ON PRINTED MATERIALS)  Is this a □Pers  e: Zip:  FAX:  ster Seals)	onal Gift OR □Company Gift?
DONOR INFO  Name: Company: (if busing Street Address: City: Phone (daytime): Email: PAYMENT TYPE:	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR Stat  y Order (payable to Ea	ON PRINTED MATERIALS)  Is this a □Pers  e: Zip: FAX:  ster Seals)  □MasterCard	ional Gift OR □Company Gift?
DONOR INFO  Name: Company: (if busing Street Address: City: Phone (daytime): Email: PAYMENT TYPE: IN	DRMATION: (PRINT AS IT  ess donation)  Enclosed is my Check/Money  Please Charge: s on card:	Γ SHOULD APPEAR State y Order (payable to Ea	ON PRINTED MATERIALS)  Is this a □Pers  e: Zip: FAX:  ster Seals)  □ MasterCard	onal Gift OR □Company Gift?
Name: Company: (if busing Street Address: City: Phone (daytime): Email: PAYMENT TYPE:   Name as it appears Account #:	DRMATION: (PRINT AS IT	Γ SHOULD APPEAR  Stat  y Order (payable to Ea  □VISA	ON PRINTED MATERIALS)  Is this a □Pers  e: Zip:_ FAX:  ster Seals)  □MasterCard  _Exp/	onal Gift OR □Company Gift?

Your VIP Committee Member's Name:

Easter Seals Serving DCIMDIVA • 1420 Spring Street, Silver Spring, MD 20910 For additional information, contact Abby Cikanovich, Director of Events

Email: acikanovich@eseal.org | Phone: 301.920.9702 | Website: BrightStarsDC.org