

2024 Dinner of Hope® Response Form
PLEASE MAIL THIS FORM IN WITH A CHECK

Please Respond by September 11, 2024

Levels of Participation _____ Legacy Table - \$ 1,795 _____ Mission Table - \$ 1,695
 _____ Hope Table - \$ 1,495 _____ Friends Table \$ 1,295
_____ Individual Seats - \$ 130 per person _____ Number of Seats x \$ 130 pp = \$ _____
_____ Patron - \$ 25

MS Dinner of Hope® Program Book:

_____ Full Page Ad (4" x 7") - \$ 100 _____ Half Page Ad (4"x 3") - \$ 50

**Must supply camera ready artwork in jpeg or pdf file – must be received by September 11, 2024,
for inclusion in MS Dinner of Hope® Program Book.**

Email ads to: msrofcny@msrofcny.org

_____ I am unable to attend, please accept this donation in the amount of \$ _____

_____ I am unable to attend, but would like to pay for an MS Client(s) to attend, enclosed is \$ _____

Total Amount Enclosed \$ _____

Name _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone(Work) _____ Phone(Home) _____

Email Address _____

Make checks payable to: MS Resources Mail To: MS Resources P. O. Box 237 East Syracuse, NY 13057

Please List Names of Guests: _____

