2025 MS Dinner of Hope® Response Form

PLEASE MAIL THIS FORM WITH A CHECK MADE PAYABLE TO: MS RESOURCES

PLEASE RESPOND BY SEPTEMBER 15, 2025

Levels of Participation: ____ Legacy Table - $ 1,895 _____ Mission Table - $ 1,795

____ Hope Table - $ 1,595 _____ Friends Table - $ 1,395

_____ Individuals Seats - $ 135 per person _____ Number of Seats x $ 135pp = $ _____

_____ 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 15, 2025
FOR INCLUSION IN MS Dinner of Hope® Program Book

Email ad 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 in $ _____

Total Amount Enclosed $ _____

Name _____

Company Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone(Work) _____ **Phone(Home/Cell)** _____

Email Address _____

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

List Names of Guests: _____ _____

_____ _____

_____ _____

_____ _____