

*African American Chamber of Commerce
of Westchester and Rockland Counties, Inc.
15th Annual Awards Dinner
October 21, 2010*

I would like to attend the annual dinner and receive the following:

Visionaries: (Corporate Table)

____ Table(s) for 10 guests at \$2,000.00 and listing in the event program as a Corporate Visionary (You must RSVP by October 1, 2010 to be listed in the event program).

Benefactor:

____ Event ticket(s) at \$200.00 per person and listing in the event program as a Benefactor (You must RSVP October 1, 2009 to be listed in the event program).

Supporter: (Non-member ticket price)

____ Event ticket(s) at \$150.00 per person and listing in the event program as a Supporter (You must RSVP October 1, 2010 to be listed in the event program).

2010 Members Only/Ticket Limit - 2 per member

____ Event ticket(s) purchased by October 15, 2010 are \$125.00 per person.

____ Tickets purchased after October 15, 2010 are \$150.00 per person.

____ I regret I am unable to attend, but I wish to make a contribution.

Enclosed is my check for \$ _____.

Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

Please charge my credit card \$ _____ for _____ dinner tickets.
Visa/American Express /Discover and Master Card accepted.

Credit Card No. _____

Exp. Date _____ Signature _____

I have enclosed a check for \$ _____ made payable to: ***African American Chamber of Commerce of Westchester and Rockland Counties, Inc. or AACCCWR***

Mail to: P.O. Box 3730* Mount Vernon, NY 10553

Tickets for the 15th Annual Awards Dinner will not be sold at the door. No tickets will be issued prior to the event. All tickets will be held at the door. The amount of your contribution may be deductible to the extent that it exceeds the estimated value of the benefits received. The estimated value of benefits provided is \$85.00 per ticket.