

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 10, 2011 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 10, 2011 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 10, 2011 to be listed in the event program).*

___ 2011 MEMBERS ONLY/TICKET LIMIT - 2 PER MEMBER PURCHASED BEFORE OCTOBER 14, 2011 ARE \$115.00 *(No exceptions)*

___ EVENT TICKET(S) PURCHASED BY OCTOBER 14, 2011 ARE \$125.00 PER PERSON.

___ TICKETS PURCHASED AFTER OCTOBER 14, 2011 ARE \$150.00 PER PERSON.

PLEASE SEAT ME WITH THE PERSONS LISTED ON THE BACK OF THIS CARD.

___ I REGRET I AM UNABLE TO ATTEND, BUT I WISH TO MAKE A CONTRIBUTION. ENCLOSED IS MY CHECK FOR \$_____.

I HAVE ENCLOSED A CHECK FOR \$_____

MADE PAYABLE TO: AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTCHESTER AND ROCKLAND COUNTIES, INC. OR AACCR

MAIL TO: P.O. BOX 3730* MOUNT VERNON, NY 10553

Tickets for the 15th Anniversary 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.