

R.I.V.P.

Name: _____

Address: _____

Home Telephone: _____

Email Address: _____

PLEASE CHECK ONE

- Individual
 Corporation
 Other

Please Reserve _____ Table(s) of 14 at \$2,450.00 per Table for a total of \$ _____

On the back, please list those who wish to be seated at your table.

Please note: payment must be submitted for those listed in order to guarantee seating arrangements.

Please Reserve _____ Tickets(s) at \$175.00 per Person for a total of \$ _____

Tickets by Advanced Purchase Only! No ticket sales at the door.

Sorry, I cannot attend, but I'd like to make a contribution.

Enclosed is a check for \$ _____

Pay Online:

Event Payment



Donate



- www.treywhitfieldfoundation.org/upcoming-events/event-payments
- www.treywhitfieldfoundation.org/donate

Please make checks payable to:

Trey Whitfield Foundation, Inc.
Post Office Box 252
Brooklyn, New York 11208

Should you have any questions regarding the above, please contact:

via phone: 718-342-7722 ext. 301 or ext. 310

via email at: twf@treywhitfieldfoundation.org

*Proceeds from the The Foundation will provide Academic and Summer Camp Scholarships.
The Trey Whitfield Foundation, Inc. is a 501(c)3 tax-deductible corporation.*

The following people wish to be seated at my table

I understand that payment must be submitted for those listed in order to guarantee these seating arrangements. If payment is not received, seating is first-come, first served.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Trey Whitfield Foundation, Inc.®

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No Tickets Sales At The Door.