

27th Annual
FACE
Summer Gala
on
Cape Cod



Underwriter (\$25,000) - 12 seats



Benefactor (\$15,000) - 10 seats



Patron (\$10,000) - 8 seats



Friend (\$5,000) - 6 seats



Mentor (\$3,000) - 4 seats



Supporter (\$1,000) - 2 seats



Individual Ticker (\$250)



Donation \$ _____



Please reply by July 25, 2024
To learn more and to register online visit:
www.FACEsummergala.org

Donor Name/Company Name

(Please list the donor name exactly as it should appear in print.)

Contact Name and Title

Address

City

State

Zip

Email

Telephone

See reverse side.

 I/We are UNABLE to attend. Enclosed is my tax-deductible gift of \$_____.

 Please offer my seat to someone who otherwise would not be able to attend.

 Check enclosed  Invoice me

Please list the name(s) of your guest(s).

MasterCard/Visa/American Express/Discover Number

Exp. Date CVV Code

\$
Amount

Signature

Billing Address (if different than listed on front side)

Please list dietary restrictions or special requests _____

Scan the code below with your mobile device to go directly to the Summer Gala webpage.

