

Please respond by October 30, 2009.
For program recognition, payment must be received by October 30, 2009.

Name / Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-mail: _____

THE HARVEST BALL 2009

SATURDAY ♦ NOVEMBER 21, 2009

HARVEST BALL SEATING:

Please list your name, followed by those for whom payment is enclosed.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

THE BENEFACTOR RECEPTION 2009

WEDNESDAY ♦ NOVEMBER 18, 2009

BENEFACTORS RECEPTION:

Please print the names of those attending the Benefactor Reception. Attendance at this reception requires a Harvest Ball reservation at the Benefactor level or above.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

TICKETS:

	Contribution Level	Ball Tickets	Benefactor Reception Tickets
Principal Underwriter	\$25,000	10	10
Major Underwriter	\$10,000	10	8
VICTORY Underwriter	\$5000	10	6
Benefactor Table Host	\$3000	10	4
VICTORY Sponsor	\$1500	2	2
Benefactor	\$300	1	1
Patron	\$175	1	-
Guest (under age 21)	\$95	1	-
	\$ _____	_____	_____

Seating is limited. Reservations will be honored as they are received.

PAYMENT INFORMATION

Payment Enclosed: \$ _____ Total Amount _____ Check _____ Visa _____ MasterCard _____

(PLEASE PRINT)

Credit Card #: _____ Credit Card Security # (3 digits): _____
Name on Credit Card: _____ Expiration Date: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Signature: _____ Telephone: _____

If you are a Benefactor or above, please print below how you would like your name to appear in The Harvest Ball Program: _____

I regret that I am unable to attend. I offer my tax-deductible gift of \$ _____ to support the Harvest Ball Society's 2009 charitable giving.

Please make checks payable to the Harvest Ball Society and mail to: **Harvest Ball Society**
attn: Paula McKeon
5516 Sleepy Hollow
Parkville, MO 64152