

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE RESERVE THE FOLLOWING

____ TICKETS @ \$150 ____ BENEFACTOR TICKETS @ \$350

____ TABLE @ \$1500 ____ BENEFACTOR TABLE @ \$3500

PLEASE SEAT ME WITH: _____

I AM UNABLE TO ATTEND BUT WISH TO CONTRIBUTE _____

I AM UNABLE TO ATTEND BUT WISH TO PURCHASE _____ X TICKET(S)
FOR A MEMBER OF OUR ARMED FORCES TO ATTEND

PLEASE MAKE CHECK PAYABLE TO SSMAC; OR IF YOU WISH TO PAY BY CREDIT CARD:

CARD TYPE: ____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS

NAME ON CARD: _____

CARD# _____

EXPIRATION DATE: _____ SECURITY CODE _____

RSVP ONLINE: email to -- hazel@SSMAClub.org

Remit to:
SSMAC
283 Lexington Avenue
New York, NY 10016