



RONALD McDONALD HOUSE GALA RESERVATION FORM

Company Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip _____
 Phone (O): _____ Phone (C): _____
 Email: _____

**Please fill out above information completely*

INDIVIDUAL TICKETS

_____ Table Sponsor \$3,000
(Reserved seating for 10)

_____ Benefactor Tickets \$300 each

_____ Individual Tickets \$250 each
*(non-reserved seating for both
 Benefactor & Individual)*

RESERVATION LIST

Please list the names of attendees based on the number of tickets you will be purchasing. If you do not have full names yet, please list as one of your guests.

1		6	
2		7	
3		8	
4		9	
5		10	

PAYMENT

_____ Total Amount

- Visa MasterCard American Express Check Enclosed
 Billing address same as above

CC # _____ Exp Date: _____ / _____ 3 or 4 digit code _____

Different Billing address: _____

Please make checks payable to Ronald McDonald House Charities of Ann Arbor
 c/o 5777 S. Ashford Way ♦ Ypsilanti, MI 48197
 (734) 528-1455 Fax: (734) 527-6129
 info@rmhgala.com