

THE THIRD ANNUAL

*Angels with Autism Benefit*

THURSDAY, SEPTEMBER 27<sup>th</sup>, 5:00 PM

Name \_\_\_\_\_

Address\* \_\_\_\_\_

Phone/Email\* \_\_\_\_\_

\* we will use only if there is a question with your reservation

\_\_\_\_\_ will attend @ \$50.00 per sonal (\$25.00 of ticket price is tax-deductible)

\_\_\_\_\_ I am unable to attend, however, please accept my donation of \$\_\_\_\_\_

\_\_\_\_\_ I/My organization would like to be a sponsor for this year's event:  
(for more information visit [www.angelswithautism.com](http://www.angelswithautism.com) or call 614-893-7310)

- |  |   |
|--|---|
| _____ Archangel Sponsor - \$20,000<br>(includes 10 event tickets)      | _____ Peace Angel Sponsor - \$3,000<br>(includes 6 event tickets) |
| _____ Guardian Angel Sponsor - \$10,000<br>(includes 10 event tickets) | _____ Angel Sponsor - \$1,000<br>(includes 4 event tickets)       |
| _____ Friendship Angel Sponsor - \$5,000<br>(includes 8 event tickets) | _____ Cherub Sponsor - \$500<br>(includes 2 event tickets)        |

Please choose one of the following payment options:

\_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard  
Name as if appears on card \_\_\_\_\_  
Account number \_\_\_\_\_  
3 Digit security number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Total Amount \$ \_\_\_\_\_  
Signature \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_  
Please send checks payable to "Angels with Autism",  
P.O. Box 20202, Columbus, OH 43220

Please RSVP by September 10<sup>th</sup>.  
Advance reservations required. Reservations limited.