



Kimberly's Gift Gala Reservations

Please respond by April 4, 2008

Gala Reservations (\$150 each): _____ x \$150 = TOTAL \$ _____

Please note that tickets will not be mailed. You will receive an acknowledgement by mail and your names will be placed on our guest list at check in.

Please send acknowledgement to: _____

Address: _____

City: _____ State: _____ Zip: _____

Regrets: Although I am unable to attend the Gala, please accept my donation \$ _____
The Kimberly Anne Gillary Foundation is a 501(c)3 corporation. All donations are fully tax deductible.

Please find my check made payable to The Kimberly Anne Gillary Foundation

Please charge my DAC account: \$ _____

Name: _____ Member # _____

(Signature)

Please charge my credit card: \$ _____
 Visa Mastercard

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Account #: _____

Expiration #: _____ CID: _____

(Signature)

Express Checkout Option: Please use the above club account or credit card information for any purchases made at Kimberly's Gift Gala.

Please mail form and payment to the Kimberly Anne Gillary Foundation:
201 West Big Beaver Road, Ste. 1020, Troy, MI 48084