

Monday, June 5, 2006

NAME(S) _____

BUSINESS _____

ADDRESS _____

CITY | STATE | ZIP _____

TELEPHONE | EMAIL _____

I / We would like to purchase:

\$1,000 Benefactor Ticket(s) \$500 Patron Ticket(s) \$150 Individual Ticket(s)

I / We would like to purchase _____ ticket(s) for an artist

I / We cannot attend, but enclose a tax-deductible contribution of \$ _____
in support of Visual AIDS

CHECKS PAYABLE TO VISUAL AIDS

Please RSVP by May 29, 2006 and note that no tickets will be mailed – your name will be held at the door. All but \$35 per ticket purchased is tax-deductible. Proceeds benefit Visual AIDS 526 West 26th Street #510 New York, NY 10001 212.627.9855

VISUAL
AIDS
LOST & FOUND