

RSVP 25th Annual Charity Preview

Yes, I would like to attend the SADA Charity Preview,

February 14, 2024.

Please send me _____ ticket(s) at \$150 per person.

I would like to be a Corporate Sponsor.

(Indicate which charity will benefit from your donation.)

Gold Level Sponsor \$3,000 (20 complimentary tickets)

Silver Level Sponsor \$1,500 (10 complimentary tickets)

Bronze Level Sponsor \$900 (6 complimentary tickets)

My check for \$ _____ is enclosed.

I regret that I am unable to attend but please accept my tax deductible donation of \$ _____.

PLEASE COMPLETE THE INFORMATION BELOW.

Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone Daytime _____ Evening _____

Email _____

Please make checks payable to SADA Charity Preview.

RSVP BY FEBRUARY 5, 2024.

You will receive a receipt from your selected charity(ies).

Tax deductible to the extent permitted by law.



PLEASE INDICATE
YOUR CHARITY(IES).

AccessCNY

Crouse Health Foundation

David's Refuge, Inc.

Food Bank of Central New York

Hospice of Central New York and
Hospice of the Finger Lakes

Huntington Family Centers, Inc.

LAUNCH

Make-A-Wish® Central New York

Maureen's Hope Foundation, Inc.

Meals on Wheels
of Syracuse, NY, Inc.

Silver Fox Senior Social Club
(dba Silver Fox Adult Day
Centers)

St. Camillus

YMCA of Central New York



Print and mail this card with your payment to:

SADA, 770 James Street, Syracuse, NY 13202