



Kids' Chance Gala & Auction

Thursday, July 18th 5:30 PM

Heldrich Hotel, New Brunswick, NJ

Company Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Check enclosed in the amount of \$ _____ payable to Kids Chance of NJ

Please charge \$ _____ to my: Visa Master Card American Express

Name as it appears on credit card (please print) _____

Card Number: _____ Exp. Date _____ Sec Code _____

Full Page Ad in Program Book **\$700.00** _____

Special Until 5/30 Only \$475.00

Individual Gala Reservations **\$150.00** _____

(Number of Attendees)

Attendees

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____