



ARMENIAN ASSEMBLY OF AMERICA
CELEBRATING THE FUTURE GALA



R.S.V.P.
BY FEBRUARY 24

\$200/PERSON

Please Reserve _____ Tickets at \$200 Per Person

Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/Cell): _____

E-mail: _____

Payment Method

Check Enclosed VISA Mastercard AMEX Discover

Cardholder Name: _____

Card Number: _____ Exp: _____

Signature: _____ Total Amount: \$ _____

I / We cannot attend but wish to make a donation of: \$ _____

Please make checks payable to **Armenian Assembly of America**.

I wish to be seated with: (10 seats/table)

