

**ACCESS Academies 10th Annual Celebration Dinner**  
**Wednesday, June 6, 2018**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- [ ] I/We will attend. Reserve \_\_\_\_ table(s) of 10 at \$3,000 per table.  
My check for \$\_\_\_\_\_ is enclosed. *Please list the guests who will be joining you on the back of this card.*
- [ ] I/We will attend. Reserve \_\_\_\_ ticket(s) at \$300 per person.  
My check for \$\_\_\_\_\_ is enclosed. *Please list the guests who will be joining you on the back of this card.*
- [ ] I/We will not attend. Please accept my regrets and the enclosed donation to the Scholarship Fund of \$\_\_\_\_\_.

**Kindly RSVP by Friday, May 18, 2018.**

GUESTS – Please indicate the names of your guests for name tags.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VISA     MasterCard     AMEX     Discover

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ 3 Digit/4Digit Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Please make checks payable to “ACCESS Academies” and notate “Dinner Scholarship Fund.” Call (314) 898-0430 extension 4 for sponsorship opportunities or general inquiries. To pay online, visit [www.ACCESSacademies.org/dinner](http://www.ACCESSacademies.org/dinner)