



Il Circolo 36th Anniversary Gala

Please reserve _____ member tickets at \$275 and _____ non-member tickets at \$300

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Please accept my additional tax-deductible donation of \$_____ for the Il Circolo Scholarship Fund

Enclosed is my total payment for \$_____ payable to Il Circolo, or

Please charge total payment for \$_____ to my credit card AMEX VISA MC

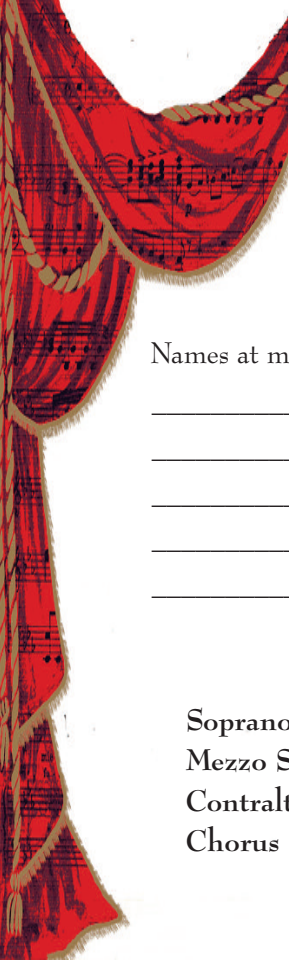
Credit Card # _____ Exp. Date _____ Sec Code _____

Signature: _____

Print Name (as it reads on the card): _____

COMPLIMENTARY VALET PARKING

PLEASE COMPLETE REVERSE SIDE



SEATING

Please seat me with:

Names at my table:

Please accept my donation for *Il Circolo*

Soprano	\$10,000 (<i>includes 8 tickets to Gala</i>)	Check # _____
Mezzo Soprano	\$7,000 (<i>includes 6 tickets to Gala</i>)	Check # _____
Contralto	\$5,000 (<i>includes 4 tickets to Gala</i>)	Check # _____
Chorus	\$3,000 (<i>includes 2 tickets to Gala</i>)	Check # _____
	\$1,000 (<i>full page ad in program</i>)	Check # _____