BENEFITING
THE TOURETTE SYNDROME ASSOCIATION OF TEXAS
January 29, 2015

Arias & Awareness
...GIVING VOICE TO TOURETTE'S SYNDROME

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PLEASE RESERVE THE FOLLOWING:

TABLES FOR 10		INDIVIDUAL TICKETS (indicate total # of tickets)
____$25,000	IMPRESARIO	____$2,500
____$10,000	MAESTRO	____$1,000
____$ 5,000	STAGE DIRECTOR	____$ 500
____$ 3,500	PRODUCTION MANAGER	____$ 350
____$ 2,000	SET DIRECTOR	____$ 200

I AM UNABLE TO ATTEND, BUT ENCLOSED IS MY DONATION OF $_____

ENCLOSED IS A CHECK FOR $_____

PAYABLE TO: **TOURETTE SYNDROME ASSOCATION OF TEXAS.**

PLEASE CHARGE MY CREDIT CARD __AMEX __VISA __MASTERCARD __DISCOVER

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION_____

SIGNATURE _____

For information: Phone 281.238.8096 | Fax 281.238.0468 | Email: TouretteTexas@aol.com | www.TouretteTexas.org
Tourette Syndrome Association of Texas is a 501(c)(3) nonprofit organization | Tax ID 74-2198940
The Fair Market Value of the evening is $75 per attendee.
Please list guests on reverse side.

PLEASE LIST GUEST NAMES: