RSVP 20	017 Charity Pr	eview	PLEASE INDICATE YOUR CHARITY OR CHARITIES.
☐ Yes, I would like to attend the SADA Charity Preview.			☐ AccessCNY
☐ Please send me ticket(s) at \$125 per person.*			☐ Arc of Onondaga
☐ I would like to be a Corporate Sponsor			CNY Kidney Foundation
(Indicate which charity will benefit from your donation.)			☐ Crouse Health Foundation
☐ Gold Level Sponsor \$2,500 (20 complimentary tickets) ☐ Silver Level Sponsor \$1,250 (10 complimentary tickets)			☐ David's Refuge, Inc.
☐ Bronze Level Sponsor \$625 (5 complimentary tickets)			☐ Hospice of Central New York
☐ My check for \$ is enclosed.			☐ Huntington Family Centers, Inc.
but please accept my tax deductible donation of \$			Learning Disabilities Association of Central New York
LEASE COMPLETE THE INFORMATION BELOW.			☐ Loretto Foundation
Name Company (if applicable) Address			☐ Make-A-Wish® Central New York
City	State	Zip Code	☐ Maureen's Hope Foundation,Inc.
Phone: Daytime Evening Email LEASE MAKE CHECKS PAYABLE TO: SADA CHARITY PREVIEW			Meals on Wheels of Syracuse, NY, Inc.
RSVP BY FEBRUARY 8, 2017 You will receive a receipt from your selected charity(ies).			Syracuse Community Connections / Southwest Community Center
Charity	*Tax deductible to the extent permitted by law.		☐ The Centers at St. Camillus