

Name _____

Phone Number _____

Yes, I will attend _____ tickets at \$75 each

No, I cannot attend. Please accept my donation of \$ _____

Enclosed is my check for \$ _____ (payable to Ear Foundation of Arizona)

_____ Visa _____ MasterCard _____ American Express

Credit Card # _____ Expiration Date _____

Signature _____

Please seat me with _____ No host table _____

The Ear Foundation of Arizona is a 501 (c) (3) non-profit organization.

** Please respond by February 23, 2012*