



The SASS Foundation  
for Medical Research, Inc.

*Gala  
Dinner Dance*

AND CASINO

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FRIDAY, MARCH 29, 2019

7:00 P.M.

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**RSVP**

PLEASE RETURN THIS CARD WITH  
YOUR CHECK OR CREDIT CARD PAYMENT BY  
MARCH 10, 2019

# Reservations and Methods of Payment

Name \_\_\_\_\_

Company/Title \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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

Please reserve:

Table Package \_\_\_\_\_ \$ \_\_\_\_\_

Table of Ten \_\_\_\_\_ \$ \_\_\_\_\_

Dinner Ticket(s) # \_\_\_\_\_ \$ \_\_\_\_\_

Journal Ad Type/Size \_\_\_\_\_ \$ \_\_\_\_\_

Sponsorship \_\_\_\_\_ \$ \_\_\_\_\_

I cannot attend but would like to donate \$ \_\_\_\_\_

I have enclosed a check made out to The SASS Foundation \$ \_\_\_\_\_

OR Please charge my credit card:

Name on Card \_\_\_\_\_

Card Type \_\_\_\_\_ Card # \_\_\_\_\_

Exp \_\_\_\_\_ Security Code \_\_\_\_\_

**Total Amt. on Card** \$ \_\_\_\_\_ **Total Amt. Enclosed** \$ \_\_\_\_\_

Please return this card to:

The SASS Foundation For Medical Research  
1025 Northern Boulevard, Suite 302, Roslyn, NY 11576  
or Fax Reservations and Credit Card info: (516) 869-9730  
or pay online via PayPal [www.sassfoundation.org](http://www.sassfoundation.org)

For more information contact Lois at 516.365.7277 or  
[llernersassfdn@gmail.com](mailto:llernersassfdn@gmail.com)

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