



The SASS Foundation
for Medical Research, Inc.

*Gala
Dinner Dance*

AND CASINO

FRIDAY, MAY 8, 2020

7:00 P.M.

RSVP

PLEASE RETURN THIS CARD WITH
YOUR CHECK OR CREDIT CARD PAYMENT BY
APRIL 24, 2020

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

For more information contact Lois at 516.365.7277 or
llernersassfdn@gmail.com

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