



Name _____

Address _____

_____ Phone _____

E-mail _____

Yes, we'd love to fly.

____ Number in your party

\$118 per Person..... \$ _____

\$236 per Couple..... \$ _____

\$550 Special Friends..... \$ _____

\$700 Very Special Friends..... \$ _____

We're unavailable; we've been grounded.

____ Donation enclosed..... \$ _____

Benefit Drawing Tickets

\$25 per ticket or 5 for \$100..... \$ _____

Total Amount:..... \$ _____

Method of Payment:

____ Check enclosed (pay to: Council For Jews With Special Needs)

____ Credit Card (American Express, VISA or MasterCard)

Card# _____ Exp. Date _____

Signature _____

Your contribution exclusive of \$65 per person is tax deductible.

Please respond by October 21, 2009

Tables of 8-10 available. Please list names on reverse side.

**Please mail to:
Council For Jews With Special Needs
12701 N. Scottsdale Road
Suite 205
Scottsdale, Arizona 85254**