



WENDT CENTER 36TH ANNIVERSARY BENEFIT

YES, I/We will attend the Benefit. _____ Number Attending

NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____ EVE. PHONE: _____

EMAIL: _____

- WENDT CIRCLE \$25,000:** Two Tables of Ten, Exclusive Seating, Recognition in Benefit Program, Acknowledgement from the Podium, on Wendt Center website, and in newsletter
- PLATINUM \$10,000:** One Table of Ten, Priority Seating, Listing in Benefit Program
- GOLD \$5,000:** Four Benefit Tickets, Premier Seating, Listing in Benefit Program
- SILVER \$3,000:** Two Benefit Tickets, Listing in Benefit Program
- BENEFACTOR \$1,500:** One Benefit Ticket, Listing in Benefit Program
- SPONSOR \$500:** One Benefit Ticket, Listing in Benefit Program
- FRIEND \$325:** One Benefit Ticket _____ No. of Tickets
- OTHER \$** _____

(over)

Please seat me/us with

- I/We will only use _____ tickets and wish to donate the other tickets to the
Wendt Center for Loss and Healing clients & volunteers.
- My/Our check is enclosed for \$_____.
- Online payment and registration: www.wendtcenterbenefit.charityhappenings.org
- My Employer will match this gift. (Please attach matching gift form.)
- I/We cannot attend, but have enclosed my/our contribution of \$_____ .
- Please charge my: VISA MasterCard Discover (Circle one) \$_____ .

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____

Contributions are fully deductible as allowed by law, less \$90 per ticket used.

For additional information, please contact rdowling@wendtcenter.org

WENDT CENTER FOR LOSS AND HEALING

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