

# *Utica Mayor's Benefit Gala*

MAY 2, 2015

NAME \_\_\_\_\_

BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

NUMBER ATTENDING \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_

I/WE CANNOT ATTEND, BUT WISH TO MAKE A CONTRIBUTION OF \$ \_\_\_\_\_  
TO SUPPORT CHILDREN'S PROGRAMS AT UPSTATE CEREBRAL PALSY

PLEASE MAKE CHECK PAYABLE TO CEREBRAL PALSY ASSOCIATION  
TO PURCHASE TICKETS OR MAKE A DONATION VIA CREDIT CARD,  
VISIT [WWW.UTICAMAYORSBENEFITGALA.COM](http://WWW.UTICAMAYORSBENEFITGALA.COM)