

# COMMUNITY MAINSTREAMING INVITES YOU TO ATTEND THE **SPRING INTO SUMMER DANCE!**

**Thursday, June 20, 2019, 6:00 - 10:00 pm**

Verdi's of Westbury

680 Old Country Road, Westbury, NY 11590

**\$50 for Adult / \$25 for Child**

RSVP to Perri Silverstein by: Monday, June 3, 2019

psilverstein@communitymainstreaming.org or 516-683-0710 x. 234



I am looking forward to attending and I will need the following tickets:

Adult tickets: \_\_\_\_\_ # of tickets x \$50.00 per tickets = \_\_\_\_\_ Children Tickets (12& under): \_\_\_\_\_

# of tickets x \$25.00 per tickets = \_\_\_\_\_

The following people will be in my party:

_____	_____
_____	_____
_____	_____
_____	_____

## **EVENT SPONSORSHIPS AVAILABLE!**

Table Sponsor: \$500.00- Includes acknowledgment (signage) at the night of the event

Entertainment Sponsor: \_\_\_\_\_ \$300.00- Includes acknowledgment (signage) at the night of the event

Couple Sponsor: \_\_\_\_\_ \$90.00- includes acknowledgment at the night of the event

Individual Sponsor: \_\_\_\_\_ \$50.00 Co-Sponsor: \_\_\_\_\_ \$25.00 \_\_\_\_\_ (other amount)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## **PAYMENT**

Total: \_\_\_\_\_ check \_\_\_\_\_ credit card

Credit Card#: \_\_\_\_\_ Exp. \_\_\_\_\_ CVN Code: \_\_\_\_\_

I cannot attend, but enclosed is my donation of: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: Community Mainstreaming**

**RETURN PAYMENT TO: 1025 Old Country Rd. Suite 325 Westbury, NY 11590**

**ATTENTION: Don Williams, Manager of Special Events**

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Verdi's Restaurant

680 Old Country Road, Westbury, NY

**\*\* RESERVATIONS WILL BE TAKEN ONLY FROM THIS FORM \*\***

RSVP Monday, June 3, 2019

Please complete this form, include payment, and mail to:

Community Mainstreaming

1025 Old Country Road, Suite 325, Westbury, NY 11590

ATTENTION: Don Williams, Manager of Special Events

Individuals Attending:	Special Requets				Wheel Chair Yes/No
	Chopped	Pureed	Vegetarian	Gluten Free	

Staff Attending:	Special Requests	
	Vegetarian	Gluten Free

Total # of Tickets at \$50 \_\_\_\_\_

Total Payment Enclosed \$ \_\_\_\_\_

Receipt Required: YES NO (circle one)

Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Questions: Email or call Perri Silverstein at  
psilverstein@communitymainstreaming.org  
or 516-683-0710, ext. 234