

Name/Title (Print your name or company name as you wish to be listed)						
Address						
City/State/Zip						
Telephone/Fmail						

IGH I		Telephone/Email			
the gala	/e would like to join gala committee as a nmittee member		☐ I/We would like to purchase individual tickets  — \$3,000 Premium seating* — \$2,000 Floor seating — \$1,000 Mezzanine seating		I/We are unable to attend the gala but would like to make a tax-deductible contribution to the China Beauty Charity Fund in the amount of:
\$30,000 Premium table* \$20,000 Floor table \$10,000 Mezzanine table					
	I/We would like to pur (5 chances per ticket)	chase.	_raffle ticket(s), available for \$100	) to win	luxury items
	<b>Check enclosed payab</b> Mail to: 6 Sutton Square		Friends of China Beauty Charity Fu York, NY 10022	ınd, Inc."	
	Credit CardAmexVisaMasterCard, email completed form to cbcfnyoffice@gmail.com Credit Card# Expiration DateSecurity Code				
	Name on Card		Securit		