

THE BRIARWOOD SCHOOL'S
50TH ANNUAL
GATSBY GALA

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE (HOME)

PHONE (CELL)

EMAIL

\$ AMOUNT

SPONSORSHIP LEVEL (ON BACK)

VISA M.C. AMEX

EXPIRATION

SIGNATURE

SECURITY CODE

CHECK
*payable to
The Briarwood School*

CREDIT CARD
*please complete
above information*

I AM UNABLE TO ATTEND, BUT WOULD LIKE TO
MAKE A CONTRIBUTION OF \$ _____ .

IF YOUR COMPANY MATCHES GIFTS TO CHARITABLE
ORGANIZATIONS, PLEASE INCLUDE FORMS.

IF PURCHASING A SPONSORSHIP, PLEASE EMAIL
YOUR GUEST LIST TO KIM BLACK AT
KBLACK@BRIARWOODSCHOOL.ORG

THANK YOU FOR YOUR GENEROUS CONTRIBUTION
TO THE BRIARWOOD SCHOOL.