



ACRS' Annual Benefit Gala: *A Culinary Journey*

Ticket Remittance Form

Thank you for your interest in attending *ACRS' Annual Benefit Gala: A Culinary Journey* on Sat., October 8, 2011. To purchase tickets, please completely fill out this form and remit, with payment, to the address listed below.

NOTE: In order to expedite the registration process at the event, please include as much contact information for your guests as possible. ACRS will not share any personal information.

Your Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

I will be purchasing:

Quantity: _____ x \$125/ticket = _____
(\$175 after Oct. 3rd)

I prefer a vegetarian meal

I would like to be seated with:

_____ *We will do our best to accommodate your request*

In addition to myself, my guests will be:

NAME	EMAIL	PHONE NUMBER
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		

**PLEASE RETURN NO LATER THAN
OCTOBER 3, 2011.**

Mail: Asian Counseling and Referral Service
 Attn: ACRS Annual Benefit Gala
 3639 MLK WAY S
 SEATTLE, WA 98144

Phone: (206)695-7557

Fax: (206)695-7606

Email: Joyce@acrs.org

Visit www.acrs.org/gala for more information.
 € Please do not add me to the ACRS mailing list.
 € Please do not include me in ACRS email updates.

PAYMENT INFORMATION

To Pay by Check:

Please make check out to ACRS and include *A Culinary Journey* Table on memo line.

To Pay by Credit Card:

(Only Visa or MasterCard is accepted)

Name: _____

Credit Card Number: _____

Type: _____

Expiration Date: _____

Signature: _____