

## REGISTRATION FORM

*Please respond by October 5, 2012**Gala*

Please reserve \_\_\_\_\_ seats at \$125 each

Gala seats total \$ \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Day Phone \_\_\_\_\_

Email \_\_\_\_\_

 I/we would like to have a special meal:  Vegetarian  Kosher  Gluten Free I am unable to attend. I/we would like to donate to:  President's Initiatives  School of Medicine  Dental School  
 School of Law  School of Nursing  School of Pharmacy  School of Social Work

Total Donation \$ \_\_\_\_\_

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

## METHOD OF PAYMENT

- Enclosed, please find my check made payable to the UMB Foundation, Inc.
- Please charge my credit card
- Visa    MasterCard    American Express    Discover

Name on Card \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Funds for this event are administered by the UMB Foundation, Inc., and no portion of the ticket cost is tax-deductible. Any contributions over and above the ticket price are tax-deductible and a receipt will be sent.