



**DTRF Fourth Annual Fundraiser October 15, 2009  
Reservation Form**

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

# attending \_\_\_\_\_

Attending patient support meeting? Yes \_\_\_\_ No \_\_\_\_

Ticket price of dinner only \$175 pp

Ticket price of patient support meeting only \$50 pp

Discounted Ticket price of dinner and patient support meeting \$200 pp

\_\_\_\_ We would like to attend and make an additional contribution of \_\_\_\_\_

\_\_\_\_ We are unable to attend but please accept my donation of \_\_\_\_\_

If paying by credit card please fax form to 845-369-8302

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card Number \_\_\_\_\_

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

Amount \_\_\_\_\_

If paying by check please mail this form and check to:

DTRF  
P.O. Box 273  
Suffern, NY 10901

Any questions regarding the event or meeting please email [dtrf.marlene@yahoo.com](mailto:dtrf.marlene@yahoo.com)