

EVVIVA

Saturday, September 9, 2017 | 6:00PM – 9:00PM

Please RSVP by August 15, 2017

*Four Course Dinner accompanied by
Select Wines from Napa Valley*

_____ Tickets @ \$200 Per Person

I am unable to attend.

Please consider including a contribution in honor of the Wills Eye Hospital Glaucoma Service. Proceeds support the Foundation including the International Society of Spaeth Fellowship Program and the Foundation Clinical Fellowship Program.

Please find my contribution of \$_____ enclosed.

SPONSORSHIP OPPORTUNITIES

Searchlight \$4,500 Luminary \$2,700 Beacon \$1,775 Shining Light \$1,000

Name (Please Print): _____

Guest(s): _____

Phone Number: _____

Email: _____

Organization Name: _____

Address: _____

METHOD OF PAYMENT

Check Credit Card: Visa MC Discover

Credit Card Number: _____

Name on Credit Card: _____

Billing Zip Code: _____

Expiration Date: _____ Security Code: _____

MAKE CHECKS PAYABLE TO "GLAUCOMA SERVICE FOUNDATION." YOUR RESERVATION WILL BE HELD AT THE RECEPTION TABLE. THE GLAUCOMA SERVICE FOUNDATION IS A 501(c)(3) CHARITABLE ORGANIZATION. \$75 OF THE PRICE OF EACH \$200 TICKET IS DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW.