



Please respond by August 1, 2008

Please print, complete form, and mail or fax to TNOYS

Name: _____

Address: _____

City/ State / Zip: _____

Daytime Phone: () _____ Fax: () _____

Email Address: _____

Please Reserve:

Tables for 8 \$400 for members _____ \$600 for non-members

Individual tickets _____ \$50 for members _____ \$75 for non-members

Vegetarian
meal request _____

_____ I am unable to attend, however, please accept my tax deductible gift in honor of _____ and in support of TNOYS.

My check in the amount of \$ ___ is enclosed, payable to the Texas Network of Youth Services

Please charge my VISA or MasterCard in the amount of \$ _____

Card Number: _____ Expiration Date: _____

Name as it appears on your credit card: _____

Please return to:
 Texas Network of Youth Services
 2525 Wallingwood Dr., Suite 1503
 Austin, TX 78746
 (512) 328-6860
 (512) 328-6863 (fax)