

# RSVP

## 43<sup>RD</sup> Anniversary Awards Dinner



\$50,000 Grand Benefactor

\$25,000 President's Circle

\$10,000 Heritage Patron

\$6,000 Chairman's Circle

\$5,000 National Co-Host

\$4,500 Supporter

\$2,500 Sponsor

\$400 Individual Ticket

\$250 Young Professional (30 and under)

Please reserve \_\_\_\_\_ seat(s) in the name of :

Full Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Please list your guest(s) in the space provided below.

_____	_____
_____	_____
_____	_____
_____	_____

I cannot attend, but have enclosed my gift of \$\_\_\_\_\_ to AHIF.

### Additional Events Registration:

**Greek Night – Dinner and Dancing at Kellari Restaurant** – Friday, March 2, 2018  
*(Premier dance floor tables of 10 available for purchase. To learn more, please call the AHL at 202-785-8430)*

Please reserve \_\_\_\_\_ space(s) at \$150 per person = \$\_\_\_\_\_

**Breakfast & Briefing at the Capital Hilton** – Saturday, March 3, 2018

Please reserve \_\_\_\_\_ space(s) at \$30 per person = \$\_\_\_\_\_

### Payment Method:

My check for \$\_\_\_\_\_ is enclosed payable to the AHIF.

Please charge my contribution of \$\_\_\_\_\_ to my:  VISA  MC  AMEX

Cardholder Name: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_