

Unheard Voices Gala Premiere



___ Yes, I/we plan to attend the Unheard Voices Gala Premiere.

___ No, I/we are unable to attend.

___ Please accept this donation to benefit HAND.

Number of tickets ___ @ Ticket level ___ \$100* (Patron) ___ \$75* (Sponsor) ___ \$50 (Benefit)

*a portion of your ticket is tax deductible

___ check enclosed (payable to UDM) ___ or charge my credit card (circle) Visa MC AmEx Discover

Amount \$ _____ Acct # _____ Exp. Date _____ Security Code _____

Name _____

Guest Name(s) _____

Address _____ City/State/Zip _____

Daytime phone _____ Email address _____

Please respond by **February 19, 2010.**

For questions, phone **313-993-1540** or **udmgrad@udmercy.edu**.

** Subscribers to Theatre must RSVP via this invitation to receive ticket to Gala