

RSVP

42nd 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:

Name _____

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 of Dinner and Dancing at Kellari Restaurant – *Friday, March 10, 2017*
(Premier dance floor tables of 10 available for purchase. To learn more, please call the AHIF at 202-785-8430)

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

Breakfast & policy briefing at the Capital Hilton – *Saturday, March 11, 2017*

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

Payment Method:

Please charge \$_____ to my: VISA MC AMEX

Card # _____ Exp. date ____/____

Signature _____

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