



34th ANNUAL GREAT SPORTS LEGENDS DINNER

to benefit The Buoniconti Fund to Cure Paralysis

Dine and mingle with Sports Legends and Celebrities at New York City's premier fundraiser.

MONDAY, October 7, 2019 • New York Hilton Midtown

Reservation Form

NAME _____

COMPANY (if applicable) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____ CELL () _____ EMAIL _____

- LEGENDS CIRCLE TABLE - \$100,000 EACH.** Reserve _____ table(s)
Private reception entry and premier seating with a “**Legend/Honoree**” for ten guests. Listing in evening’s Dinner program.
- CHAMPIONS CIRCLE TABLE - \$50,000 EACH.** Reserve _____ table(s)
Private reception entry and prominent seating with a “**Celebrity**” for ten guests. Listing in evening’s Dinner program.
- EXECUTIVE COMMITTEE TABLE - \$25,000 EACH.** Reserve _____ table(s)
Private reception entry and premium seating with a “**Celebrity**” for ten guests. Listing in evening’s Dinner program.
- PATRON COMMITTEE TABLE - \$17,500 EACH.** Reserve _____ table(s)
Preferred seating for ten guests. Listing in the evening’s Dinner program.
- DINNER COMMITTEE TABLE - \$10,000 EACH.** Reserve _____ table(s)
Seating for ten guests. Listing in the evening’s Dinner program.
- PATRON TICKET - \$1,750 EACH.** Reserve _____ table(s)
Preferred seating for 1 guest.
- DINNER TICKET - \$1,000 EACH.** Reserve _____ table(s)
- I would like to make a tax-deductible donation in support of The Buoniconti Fund and its mission to cure paralysis in the amount of \$ _____.

Guests (Valid photo identification will need to be shown at registration)

1. _____ Email: _____
2. _____ Email: _____
3. _____ Email: _____
4. _____ Email: _____
5. _____ Email: _____
6. _____ Email: _____
7. _____ Email: _____
8. _____ Email: _____
9. _____ Email: _____
10. _____ Email: _____

For more information, please call Jackie Manzano at 305-243-4656 or email jmanzano@miami.edu

RETURN TO:

Jackie Manzano
The Buoniconti Fund to Cure Paralysis
1095 NW 14th Terrace
Miami, FL 33136
Fax: 305-243-6017

CREDIT CARD PAYMENTS:

Personal Corporate
 American Express MasterCard Visa Discover
Amount to Charge: \$ _____ Exp Date: / / Sec Code: _____
Card #: _____
Signature: _____

PLEASE MAKE CHECKS PAYABLE TO: The Buoniconti Fund to Cure Paralysis