41st ANNUAL

THE BUONICONTI FUND'S

GREAT SPORTS LEGENDS DINNER

to benefit THE BUONICONTI FUND TO CURE PARALYSIS

Monday, October 5, 2026 | New York Hilton Midtown

Tables and Tickets

- ☐ **Legends Circle - $100,000 each. Reserve ____ table(s)**
  Private reception entry and premier seating for ten guests with a "Legend/Honoree." Listing in evening's event program.*
- ☐ **Champions Circle - $50,000 each. Reserve ____ table(s)**
  Private reception entry and prominent seating for ten guests with a "Celebrity." Listing in evening's event program.*
- ☐ **Executive Committee - $25,000 each. Reserve ____ table(s)**
  Preferred seating for ten guests. Listing in evening's event program.*
- ☐ **Patron Committee - $15,000 each. Reserve ____ table(s)**
  Seating for ten guests. Listing in evening's event program.*
- ☐ **Executive Ticket - $2,500 each. Reserve ____ ticket(s)**
- ☐ **Patron Ticket - $1,500 each. Reserve ____ ticket(s)**
- ☐ **I would like to make a tax-deductible donation of $_____.**

Event Sponsorships

For sponsorship details, please call (305) 243-6385

☐ Title	☐ Presenting	☐ Entertainment	☐ Legends Reception
☐ Red Carpet	☐ Auction	☐ Luxury Automobile	☐ Luxury Travel
☐ Gift Bag	☐ Wine and Spirits	☐ Photo Experience	

Payment Information

Name

Company (if applicable)

Address

City/State/Zip

Business Phone ( ) Home Phone ( ) Cell Phone ( )

E-Mail

☐ Check enclosed made payable to The Buoniconti Fund to Cure Paralysis in the amount of $_____

☐ American Express ☐ Visa ☐ Mastercard ☐ Discover

Amount to Charge $ Expiration Date / CVV Code

Card Number

Signature

For reservations and inquiries, please call (305) 243-6385 or email ssayfieaagaard@miami.edu

Buy Tickets Today at www.thebuonicontifund.com/gsld41

Please return form to:
Stephanie Sayfie Aagaard
The Buoniconti Fund to Cure Paralysis
4611 S University Dr PMB 232
Davie, FL 33328

Your contribution, less $408 per ticket, is tax-deductible according to law. The Buoniconti Fund's federal tax id #65-0244316
*based on printing deadlines
Please complete your guest(s) information on reverse side or send to bfttcp@miami.edu

41st Annual Great Sports Legends Dinner Guest Listing

GUEST 1

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 2

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 3

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 4

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 5

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 6

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 7

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 8

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 9

Name _____ Cell (____) _____

Email _____

Mailing Address _____

GUEST 10

Name _____ Cell (____) _____

Email _____

Mailing Address _____