

Above and Beyond: An Evening of Hope
October 24, 2010

____ \$10,000 Galaxy Sponsor

____ \$5,000 Sun Sponsor

____ \$2,500 Moon Sponsor

____ \$1,500 Star Sponsor

____ Tickets, \$125 each

____ I cannot attend. Please accept my deductible donation of \$_____

Name: _____

Address: _____

Phone: _____

Email: _____

Sponsor's Name to be printed in the invitation: _____

____ Enclosed please find my check made payable to the "Beyond Batten Disease Foundation."

____ Please charge my credit card using information listed below.

Credit card: ____ Visa ____ Mastercard ____ American Express

Card number: _____ Exp. Date _____

CW2/CVC2 Number: _____ 4 digit number on the right above the embossed number on the front of American Express cards and 3 digit number on the back of Visa/MC cards on the right hand side of the signature panel

Name on card: _____

Billing Address: _____

Signature: _____

For table sponsorships, please list names of guests to be seated at table:

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

Please return form to: Beyond Batten Disease Foundation
P.O. Box 200998
Austin, TX 78720

Or via fax to: (512) 835-4687

* The deadline for recognition in the invitations is September 1, 2010. Please note that event tickets will not be mailed and registration will be at the door. Beyond Batten Disease Foundation is a registered 501(c)(3) public charity. For additional information, including the fair market value of sponsorships and tickets, please visit our Web site at www.beyondbatten.org, or contact us at info@beyondbatten.org, or tel: 512-275-2600.