

I/we wish to support this event at the following level and understand that I/we am/are entitled to all the benefits listed below that correspond to that level.

- PLATINUM SPONSOR** (\$10,000 or more)  
Sponsor name prominently displayed on program, website, and at event plus 10 tickets to attend and plaque at school.
- GOLD SPONSOR** (\$7,500 - \$9,999)  
Sponsor name prominently displayed on program and at event, plus 10 tickets to attend.
- SILVER SPONSOR** (\$5,000 - \$7,499)  
Sponsor name prominently displayed on program plus 6 tickets to attend.
- BRONZE SPONSOR** (\$2,500 - \$4,999)  
Sponsor name prominently displayed on program plus 4 tickets to attend.
- PATRON SPONSOR** (\$1,000 - \$2,499)  
Sponsor recognized plus 2 tickets to attend.

**Information:** [www.morningsideacademy.org](http://www.morningsideacademy.org)  
**Email:** [dawn@morningsideacademy.org](mailto:dawn@morningsideacademy.org)

Morningside Academy is a non-profit 501 (c) (3) organization,  
Tax ID# 91-1183562  
All Donations are tax-deductible to the extent allowed by law.

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# RSVP

PLEASE JOIN US!

## CELEBRATE MORNINGSIDE

FIFTH ANNUAL GALA  
DINNER AND AUCTION  
**FRIDAY, MARCH 6, 2009**  
6:30-10:30pm  
**ARCTIC CLUB HOTEL**  
LIVE LIKE AN ICON  
700 THIRD AVE.  
(AT CHERRY)  
SEATTLE  
[www.ArcticClubHotel.com](http://www.ArcticClubHotel.com)

Please reply by February 20, 2009

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# YES!

I want to help the children of Morningside Academy.

Please reserve  tickets at \$50/person  
(before February 20) \$ \_\_\_\_\_  
\$55/person (after February 20)

Please reserve  table(s) of 12  
at \$600 (before February 20) \$ \_\_\_\_\_  
\$660 (after February 20)

I/we would like to fund  teacher's  
ticket(s) at \$50/each \$ \_\_\_\_\_

I/we am/are unable to attend, but wish to  
enclose a tax-deductible donation \$ \_\_\_\_\_  
All Donations are tax-deductible to the extent allowed by law

I/we also wish to purchase  raffle  
tickets at \$5 each \$ \_\_\_\_\_  
(Need not be present to win)

**Enclosed is my check made payable to**  
**Morningside Academy** \$ \_\_\_\_\_

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Please complete Name(s) as they should appear on the Guest List.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please select one entree/person and indicate name of guest for each for Place Cards.

Choice of: **S** Roasted King Salmon, Cilantro Lime Butter with roasted  
seasonal vegetables

**C** Galliano Chicken, Chorizo, Spinach, Gouda, Polenta and Pan Jus

**V** Sweet Pepper Cous Cous with Eggplant and Roasted Vegetables

For each ticket you have purchased, please write each guest name with the corresponding letter of your entree selection on the lines provided below. Use one line for each person, up to 12 people, indicating **S**, **C**, or **V** for our vegetarian option. If you do not select an entree, one will be selected for you.

1. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 9. \_\_\_\_\_

4. \_\_\_\_\_ 10. \_\_\_\_\_

5. \_\_\_\_\_ 11. \_\_\_\_\_

6. \_\_\_\_\_ 12. \_\_\_\_\_

**Please see other side**

Please complete Name(s) as they should appear on the Guest List.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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