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Please indicate any special dietary requirements (*vegetarian, low sodium, gluten-free, diabetic, etc.*)

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

Dinner Guests' Names

## Eparchy of Saint Maron

### *Eighth Annual Benefit Dinner*

*Honoring Dr. Josyann Abisaab and Mr. Habib Hairouz*

*Thursday, October 5, 2017*

**New York Athletic Club  
Overlooking Central Park  
New York City**

**PAYMENT AND DONATION INFORMATION**

Please use this form for all payments (tables, tickets, donations) and PRINT your name as you would like it to appear in the program.

Name \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**DINNER RESERVATIONS**

TABLE RESERVATIONS: *(Check one and list guests on other side):*

**Gold Table (\$15,000)**

Seating for ten  
Full page program booklet greeting or ad  
Acknowledgement in program booklet  
Listing in Angel Category

**Silver Table (\$10,000)**

Seating for ten  
Full page program booklet greeting or ad  
Acknowledgement in program booklet  
Listing in Patron Category

**Bronze Table (\$5,000)**

Seating for ten  
Half page program booklet greeting or ad  
Acknowledgement in program booklet  
Listing in Benefactor Category

**TABLE HOST'S PROGRAM BOOKLET CONGRATULATIONS AND GREETINGS**

Please PRINT your greeting here or provide camera-ready copy with this reply card NO LATER THAN SEPTEMBER 24TH.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUAL TICKET RESERVATIONS**

Fill in number of tickets and list guests on other side: \_\_\_\_\_ tickets @ \$300

**DONATIONS**

Whether or not you are able to attend, you are invited to make a donation to support the needs of the Eparchy. Please select your donation level below.

\_\_\_ Angel \$15,000    \_\_\_ Patron \$10,000    \_\_\_ Benefactor \$5,000    \_\_\_ Donor \$2,500  
\_\_\_ Sponsor \$1,000    \_\_\_ Supporter \$500    \_\_\_ Contributor \$300    \_\_\_ Friend \$100    \_\_\_ Other (\$ \_\_\_\_\_)

All contributors whose gifts are received by September 24th will be listed in the banquet program. Gifts received after that date may be recognized in an addendum to the program. *Please inform us if you would prefer to have your gift remain anonymous.*

**FORM OF PAYMENT (check one and complete)**

\_\_\_ Enclosed is my payment in the form of a CHECK or \_\_\_ Please charge my CREDIT CARD:

Credit Card (select one):     MasterCard     Visa     AMEX

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**DEADLINE FOR REGISTRATION: OCTOBER 1ST, 2017.** Your information must be received by this date.

Please make checks payable to "Eparchy of Saint Maron" and return to 109 Remsen St. Brooklyn, NY 11201. In lieu of returning this card, you are encouraged to register online with a credit card at [www.stmaron.org](http://www.stmaron.org) at "New York Benefit Dinner". If you have questions, please email [saintmaron@yahoo.com](mailto:saintmaron@yahoo.com) or call 718-237-9913.

**Please note: reservations cannot be confirmed without payment.**

If you require hotel accommodations, please contact Edward Shiner at [emshiner411@gmail.com](mailto:emshiner411@gmail.com) or 917-334-0711.