

**Read! Dream! Fly! The Make MORE Noyes Gala
R.S.V.P by April 1, 2018**

Tickets \$75 per person

Check enclosed / charge my account for \$_____ to admit _____ persons

OR

___ **Friend** \$250 | Admits 2 | *Acknowledged in Program*

___ **Patron** \$500 | Admits 4 | *Acknowledged in Program*

___ **Sponsor** \$1000 | Admits 8 | *Acknowledged Everywhere!*

___ **Donation** I cannot attend the event, but here is a donation of
\$_____ for Noyes.

___ VISA ___ MC Number: _____

Signature _____ Exp. Date: _____

Name(s): _____

Address: _____

City/State/Zip: _____

Email address: _____

***Please make checks payable to The Noyes Children's Library Foundation.
Mail completed form and check to:***

**Noyes Children's Library Foundation
P.O. Box 31
Kensington, MD 20895**

All donations are tax-deductible to the extent allowed by law. Thank You!