The William J. Sacco Foundation

_	I/We will be attending. (tickets @ \$125/each)
-	_ I will be attending, and I wish to be named a Teacher Host. (\$250) One ticket. Also sponsors one teacher to attend.
-	_ I/We will be attending. I wish to be named a Mentor Host. (\$2,000) Up to ten tickets. Also sponsors at least six teachers to attend.
-	I will not be attending; however, please name me a Teacher Host. Your \$250 donation will sponsor two teachers to attend.
-	_ I will not be attending; however, I would like to make a contribution.
•	Total Enclosed: \$
	(Make checks payable to The William J. Sacco Foundation)
	Please fill out reverse side
Your Name: (p	olease print)

Address:		
City/State/Zip:		
Phone:	Email:	
Additional Attendees/Emails		