



DAUGHTERS OF SARAH Mystery Challenge

Name(s): _____

Email: _____

Phone: _____

I/we are a Sponsor or Honorary Committee member(s). Names of attendees on back.

Yes! I/We will be at the NYS Museum on Nov. 19, 2011.

@ \$85 per person = \$ _____

@ \$50 for those 40 or under = \$ _____

Yes! I/We would like to join the Honorary Committee.

@ \$180 per person = \$ _____

@ \$ 90 for those 40 or under = \$ _____

I/We cannot join you but would like to make a donation.

Check included Credit Card

TOTAL PAYMENT = \$ _____

Name on card: _____

Card #: _____ Exp.: _____

RESPONSE AND PAYMENT DUE BY NOVEMBER 10th. THANK YOU!

Names of attendees:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please print and send to the Daughters of Sarah Jewish Foundation at:

180 Washington Ave Extension, Albany, NY 12203

OR Fax to: 518.724.3299

OR Scan and email to: foundation@doss.org



Questions: 518.724.3261