

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

***Number of Reservations / Raffle Tickets:***

***Amount:***

\_\_\_\_\_ I'm unable to attend and would like to make a donation  
to support art education and exhibit programs.

**Museum Members:**

\_\_\_\_\_ \$150 per person for 40 and under

\_\_\_\_\_ \$175 per person for 41+

**Non-Members (all ages):**

\_\_\_\_\_ \$195 per person

**Corporate Tables:**

\_\_\_\_\_ Table of 8 - \$1,365

\_\_\_\_\_ Table of 10 - \$1,560

\_\_\_\_\_ Number of Raffle Tickets Needed (\$30 each or 2 for \$50)

***Total:*** \_\_\_\_\_

***Payment:***

Reservations must be accompanied by either a check payable to Springfield Museum of Art or credit card payment.

\_\_\_\_\_ Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Card Number \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Total From Above \_\_\_\_\_

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

Signature \_\_\_\_\_

***Seating Preference:*** Please list the people with whom you wish to be seated, and list any dietary restrictions with the corresponding guests' names in the space at the bottom. Tables seat eight to ten people.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please respond by Friday, August 14, 2015. For more information, call 937-325-4673 or email [smoa@springfieldart.net](mailto:smoa@springfieldart.net). Your Art Ball reservation supports the Museum's art education and exhibition programs.** You will receive a letter in early January 2016 noting the portion of your reservation that may be deducted as a charitable gift on your income taxes.