

2018 CHARITY PREVIEW RESPONSE CARD

Complete this form	☐ Yes, I would like to attend the 20th Annual SADA Charity Preview.	
to order your tickets directly.	Please send me ticket(s) at \$125 per person.*	
	(Your tickets will be mailed to you on or about October 4, 2017.)	
Mail it with	☐ I would like to be a Corporate Sponsor	
your check to:	(Indicate below which charity will benefit from your donation)	
Syracuse Auto Dealers Assn. Regency Towers 770 James St. Syracuse, NY 13203	Gold Level Sponsor \$2,500 (20 complimentary tickets)	
	☐ Silver Level Sponsor \$1,250 (10 complimentary tickets)	
	☐ Bronze Level Sponsor \$625 (5 complimentary tickets)	
	☐ My check for \$ is enclosed.	
Please make checks payable to:	☐ I regret that I am unable to a donation of \$	ttend but please accept my tax deductible
SADA Charity Preview	PLEASE COMPLETE THE INFORMAT	TION BELOW.
If you have any questions, please call SADA at 315/474-1041.	Name	
	Company (if applicable)	
	Address	
	City	State Zip Code
Charity Preview: Wednesday Evening November 1, 2017	Phone: Daytime	Evening
	Email	
	PLEASE INDICATE WHICH CHA	RITY OR CHARITIES WILL BE THE BENEFICIARY
	OF YOUR DONATION.	
	☐ AccessCNY	
	☐ CNY Kidney Foundation	
	☐ David's Refuge, Inc.	
	☐ Hospice of Central New York	
	☐ Huntington Family Centers, Inc.	
	☐ Learning Disabilities Association of Central New York	
	☐ Loretto Foundation	
	☐ Make-A-Wish® Central New York	
	☐ Maureen's Hope Foundation, Inc.	
	☐ Meals on Whe	☐ Meals on Wheels of Syracuse, NY, Inc.
Syracuse Auto	1	Our Community (ROC)

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☐ The Newland Center for Adult Learning and Literacy

☐ The Centers at St. Camillus