

PEOPLE OF VISION AWARD DINNER
Honoring Ree and Jun Kaneko

Fri, May 16, 2008
Hilton Hotel, 1001 Cass Street

Reception6:30 p.m.
Dinner7:30 p.m.

PATRON TABLE

- () Please reserve _____ table(s) of 8 at **\$1750** per table.
Check enclosed \$ _____. (75% of this cost is tax deductible)

CORPORATE TABLE

- () Please reserve _____ table(s) of 8 at **\$1250** per table.
Check enclosed \$ _____. (60% of this cost is tax deductible)
- () Individual reservation(s) for _____ at **\$125** per person.
Check enclosed \$ _____. (60% of this cost is tax deductible.)
- () We are unable to attend, but have enclosed a donation to help
save sight. (Donations are 100% tax deductible.) \$ _____

Payment enclosed. Checks payable to Prevent Blindness Nebraska.

- Bill us at address below.
 Visa/MC _____ Exp. _____

Receipt will be provided.

NAME _____ PHONE _____

COMPANY/FIRM _____

(As you wish it printed in Dinner Program. If you do not wish acknowledgment, please check here _____)

Contact Person _____ Phone _____

Contact Person email address _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

*Please reply by **May 9** to be listed in the Dinner Program. Your guest list including first and last names should be sent to the same address or emailed to:*

sredfern@preventblindness-ne.org

Fax forms to 402-505-6242, or mail to Prevent Blindness Nebraska, 6818 Grover St, Suite 102, Omaha, NE 68106