I am/We are delighted to attend <i>The Zebra Ba</i> Please reserve sponsorship/other levels:	all – Stars for the Stripes.	
Amethyst Star @ \$40,000 for 40 seats* Silver Star @ \$10,000 for 20 seats* Blue Star @ \$2,500 for 10 seats* Zebra Star(s) @ \$1,200 for 2 seats* Individual(s) @ \$150 for each seat	Gold Star @ \$25,000 for 30 seats* Bronze Star @ \$5,000 for 10 seats* Table of 10 Patron(s) @ \$1,250 for 10 seats* Patron(s) @ \$500 for 2 seats*	
Optional: In Honor of In Memory of	Name/Occasion:)	
I/We would like to purchase an advertisemen	t or message in the event program book.	_
Please reserve: single line (up to 65 characters) @ \$50 business card-size(s) @ \$250	half page(s) at \$575 Red Star* full page(s) at \$1,000 White Star*	
I am/We are unable to attend, but would like	to support CCF with a gift of \$	
For more information, please call	Sharon Devereaux at 1–847–571–4628.	
All gifts will be recognized in the event p	rogram book if received by January 13, 2010.	

For federal tax purposes, the fair market value of a ticket is \$100.

Payment in excess of this amount is your tax-deductible gift to The Carcinoid Cancer Foundation, Inc. 501(c) (3) not-for-profit organization Federal Tax ID 13-6277875 Illinois Tax ID E9931-8660-01

*Sponsorships include ads as listed at www.TheZebraBall.com / Sorry, no refunds can be issued.

Payment Information		
	\$ (payable to The Carcinoid Can	
		at http://carcinoid.maestroweb.com.
Please bill my credit ca	rd VisaMasterCardDiner's Clu	bAmerican ExpressDiscover for \$
Account Number	Expiration Date	Code
Printed Name	Signature	
Individual Name(s) or Company	y Name to appear in printed materials as:	
Address		
City/State/Zip		
Telephone	E-Mail	Fax
	Indicate Any Dietary Restriction(s) ourself and your table guests. For individual tickets, p	olease list preferences with whom or near whom you wish to
1	2	
3	4	
5	6	
7	8	
o	10	