

EPILEPSY
FOUNDATION®
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YOU ARE INVITED TO ATTEND
EPILEPSY FOUNDATION OF IDAHO'S
ANNUAL GALA
CELEBRATING OUR FUTURE:
HONORING YOUTH WITH EPILEPSY
FRIDAY, MARCH 2, 2012
BOISE CENTRE ON THE GROVE



**EPILEPSY FOUNDATION OF IDAHO'S ANNUAL GALA
CELEBRATING OUR FUTURE:
HONORING YOUTH WITH EPILEPSY**

FRIDAY, MARCH 2, 2012

BOISE CENTRE ON THE GROVE

6:00PM • SOCIAL HOUR & SILENT AUCTION

7:30PM • DINNER, TRIBUTE & LIVE AUCTION

FOLLOWED BY LIVE MUSIC & DANCING WITH BIG WOW BAND

BLACK TIE REQUESTED

.....
SINGLE DINNER: \$125

TABLE SPONSOR: \$1,250

ADDITIONAL SPONSORSHIP OPPORTUNITIES AVAILABLE
.....

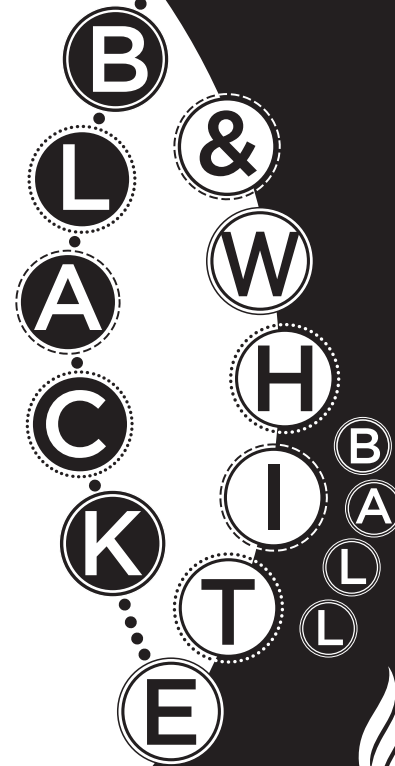
RESERVATION REQUIRED BY FEBRUARY 20TH

QUESTIONS CALL: 208-344-4340

WWW.EPILEPSYIDAHO.ORG FOR RESERVATIONS

VIEW AND BID THE ONLINE AUCTION

AT AUCTIONFROGS.ORG



FRIDAY, MARCH 2, 2012

BOISE CENTRE ON THE GROVE

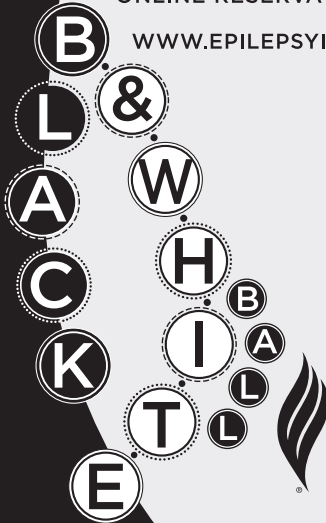
RESERVATIONS REQUIRED BY:

FEBRUARY 20, 2012

QUESTIONS CALL: 344-4340

ONLINE RESERVATIONS:

WWW.EPILEPSYIDAHO.ORG



**EPILEPSY FOUNDATION OF IDAHO'S ANNUAL GALA
CELEBRATING OUR FUTURE: HONORING YOUTH WITH EPILEPSY**

- Yes, I will attend. Please reserve the following:
- | | |
|--------------------|---------|
| ___ SINGLE DINNER: | \$125 |
| ___ TABLE SPONSOR: | \$1,250 |
- Please contact me about additional sponsorship opportunities.
- Enclosed is my contribution for the above reservation in the amount of \$_____ made payable to the Epilepsy Foundation of Idaho.
- I am unable to attend, but please accept my 100% tax deductible donation of \$_____.
- Matching gift employer: _____
- Please charge my Visa or MasterCard.
- Name on card: _____
- Address: _____
- City/State/Zip: _____
- Phone number: _____
- Email: _____
- Card number: _____
- Exp. date: _____ Security code: _____

ANNUAL GALA LIST OF ATTENDEES



Please print clearly.

Name: _____

Name: _____

Address: _____

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