Gala Reply Card

Name: _____

Email: _____

Address: _____

Phone: _____

Please respond by August 25, 2026

Donation Levels

___ Individual Tickets ($170/each)

___ Couple Tickets ($320/couple)

I have enclosed a check in the amount of $_____

I have made my payment (or donation) online for $_____

I am unable to attend. Enclosed is a contribution of $_____
to benefit programs at MS Support Foundation

☐ Please charge $_____

☐ Mastercard ☐ Visa ☐ American Express

Card#:_____ Exp. Date:_____ CCV#:_____

Please make checks payable to
"MS Support Foundation." 501(c)(3) not for profit

Seating Requests on Reverse Side