

Yes! I would like to purchase tickets to
The Breathing Project's First Annual Benefit
at The Midtown Loft on Thursday November 16, 2006 at 6pm

YOUR NAME

AFFILIATION/ORGANIZATION

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

E-MAIL

I would like _____ tickets @ \$250 each = _____

My check, made payable to The Breathing Project, is enclosed.

Please charge my credit card:

Name as it appears on card: _____

Purchase date: _____

MasterCard

Visa

American Express

Card # _____ Expiration Date _____

VALIDATION:

MC & Visa: last 3 small #s on card back _____

AMEX: 4 numbers on upper middle or left on card front _____

Billing Zip code _____

PLEASE COMPLETE THIS FORM AND MAIL OR FAX TO:

The Breathing Project Special Event Committee
15 West 26th St. 10th Floor
New York, NY 10010
Phone: 212-979-9642 Fax 212-685-4455

FOR MORE INFORMATION CONTACT CAROLYN:

voice: 917-518-4988

e-mail: carolyn.sharaway@gmail.com

THE BREATHING PROJECT IS A 501(C)(3) FEDERALLY TAX-EXEMPT EDUCATIONAL
CORPORATION. ALL DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.