



TICKETS:

_____ Members only: **\$55** (*\$15 tax-deductible*) \$ _____

_____ I would like to make an additional donation to the ASF \$ _____
of ___ \$25 ___ \$50 ___ \$100

Total: \$ _____

Or reserve tickets online at: americanscottishfoundation.com/events/StA_16.html
If you are not a Member and would like to join please visit our web site to join
and then reserve for the Eve of St. Andrew's Day Evening.

The American-Scottish Foundation® is a non-profit 501(c)(3) organization.

PAYMENT DETAILS:

Name (*please print*) _____

Day phone _____

E-mail _____

Address _____

City _____ State _____ Zip _____

I enclose my check, payable to *The American-Scottish Foundation, Inc.* for: \$ _____

Please charge my credit card Visa Mastercard American Express: \$ _____

Card# _____ Exp. ____ / ____ Code _____

Signature _____

The American-Scottish Foundation, Inc.

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