



Honorary Committee Name (as it should appear in print): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Honorary \$300 (Per ticket)  
Quantity \_\_\_\_\_ Total: \$ \_\_\_\_\_

I/We cannot attend, but would like to make a tax deductible gift of \$ \_\_\_\_\_

PAYMENT

- Check enclosed (Payable to The Hyde Collection)
- Please charge my:
  - Visa
  - Mastercard
  - American Express
  - Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:

The Hyde Collection  
Attn: Colette Broestler  
161 Warren Street  
Glens Falls, NY 12801

*Contributions to The Hyde Collection, a 501(c)(3) Not-For-Profit Trust, are tax-deductible to the fullest extent allowed by law.*

**Formal invitation to follow.  
For recognition in the Gala program please respond by 8/30/19.**

If you have questions please contact Colette Broestler at 518-792-1761, ext. 346.