

THE 11TH ANNUAL INTIMATE CONVERSATION WITH

LESLEY STAHL

TICKET OPTIONS

INDIVIDUAL \$250 FRIEND \$350 PATRON \$500 BENEFACTOR \$1000 OTHER

NAME _____

MY GUEST(S) _____

TOTAL TICKETS REQUESTED

___ I have enclosed my check for \$ _____ (*make check payable to Maria Droste Counseling Services*)

___ I am UNABLE to attend but enclosed is my tax deductible contribution of \$ _____

___ Please bill my credit card for \$ _____

VISA / MC / AMEX _____ EXP _____ SECURITY CODE _____

BILLING ADDRESS _____

EMAIL _____

PHONE _____

Tickets also available for purchase on our website: mdcsnyc.org