

RESERVATION - JAMsj Visionaries Gala

name _____
address _____
city _____ state _____ zip _____
email _____ phone _____

TICKETS REQUESTED:

_____ (quantity) Single(s) @ \$100 per person: Subtotal: _____
_____ (quantity) Table(s) of 10, VIP Seating:
Gold Sponsor (\$5,000) Subtotal: _____
Silver Sponsor (\$2,500) Subtotal: _____
Bronze (\$1,000) Subtotal: _____
_____ Sorry, unable to attend;
please accept donation: Subtotal: _____
TOTAL: _____

Table Captain: _____
Table Guests: _____

Saturday, February 7, 2009
Holiday Inn San Jose
(Formerly Hyatt San Jose)
1740 North First Street
Mediterranean Center
San Jose, CA 95112

Please RSVP by January 16, 2009
Receipt to be confirmed
by phone or email
Tickets will be held at the door

Donations are deductible to the extent
allowable by law (Tax ID#: 77-0229249).

Please make checks payable to Japanese
American Museum of San Jose (JAMsj)
and return in stamped, addressed
envelope or deliver to:

JAMsj
535 North Fifth Street
San Jose, CA 95112

Thank you for your continued support!