

# NORTH DAKOTA MUSEUM OF ART GALA BENEFIT DINNER

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Reserve your seats early as this event sold out last year. Seating arrangements are made in advance to fill all tables. If you wish to sit with friends, please list all names on reverse side.

Cost: \$125 for individual reservations or \$110 / person to reserve a full table of eight or nine.

I would like \_\_\_\_\_ reservations at \$ \_\_\_\_\_ each.

Main course is Beef Tenderloin with Bordelaise sauce. Vegetarian meal(s) requested: \_\_\_\_\_

I would like to sponsor \_\_\_\_\_ artist(s) to attend the Dinner (\$110 each): \$ \_\_\_\_\_

I cannot attend but wish to contribute \$ \_\_\_\_\_ to the Museum Gala Benefit.

Enclosed is my payment for \$ \_\_\_\_\_. We accept checks and all major credit cards.

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE ASSIST US IN PREPARING FOR THE SILENT AUCTION BY PROVIDING  
THE FOLLOWING INFORMATION ABOUT YOUR GUESTS:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Payment and information** must be received by **February 3, 2012.**

You will receive written or telephone acknowledgement.

Phone: 701 777- 4195 Fax: 701 777- 4425 [blofthus@ndmoa.com](mailto:blofthus@ndmoa.com) [www.ndmoa.com](http://www.ndmoa.com)  
North Dakota Museum of Art, 261 Centennial Drive Stop 7305, Grand Forks, ND 58202