



THE AMERICAN-SCOTTISH  
FOUNDATION, INC.

# RESERVATION FORM

## Tables & Individuals

*Wallace Award®*  
*for Heritage, Arts & Culture*  
*Friday, November 9, 2018*  
*University Club, New York City*

### TABLE RESERVATIONS:

I wish to make the following reservations for the Wallace Award for Heritage, Arts & Culture at the University Club, New York City on November 9, 2018.

..... <b>ORKNEY</b> Table of 10 at \$20,000 (Tax Deductible \$18050) (color page message & Thistle Corporate or Patron membership)	sub total .....
..... Individual Ticket \$2,000 (Tax Deductible \$1805) (two tickets Benefactor membership)	sub total .....
..... <b>SKYE</b> Table of 10 at \$10,000 (Tax Deductible \$8050) (color 1/2 page message & Heather Corporate or Benefactor membership)	sub total .....
..... Individual Ticket \$1,000 (Tax Deductible \$805) (two tickets Donor membership)	sub total .....
..... <b>MULL</b> Table of 10 at \$5,000 (Tax Deductible \$3050) (color 1/2 page message & Bluebell Corporate or Donor membership)	sub total .....
..... Individual Ticket \$500 (Tax Deductible \$305)	sub total .....
..... <b>ISLAY</b> Table of 10 at \$3,750 (Tax Deductible \$1800) (1/2 page message & Donor membership)	sub total .....
..... Individual Ticket \$375 (Tax Deductible \$180)	sub total .....
..... <b>ARRAN ASF Members</b> Table of 10 at \$3,250 (Tax Deductible \$1300)	sub total .....
..... Individual Ticket \$325 (Tax Deductible \$130)	sub total .....
..... I'd like RAFFLE tickets, at \$100 for 6 or \$20 each	sub total .....
..... I regret that I/we cannot attend, but wish to make a donation	Total .....

Name of Individual/Business/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Fax \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ My check made payable to *The American-Scottish Foundation* is enclosed

\_\_\_ Please charge my credit card ☐ American Express ☐ MasterCard ☐ Visa

Name on Card (please print) \_\_\_\_\_

Card no. \_\_\_\_\_ Expiration \_\_\_\_\_ Code \_\_\_\_\_

Signature \_\_\_\_\_ Billing zip code \_\_\_\_\_

Please return to:

**The American-Scottish Foundation®**

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