

|  |   |
|--|---|
| Number<br>of Tickets   | _____ <b>Tour Patron's Weekend Package(s)</b> <b>\$125</b> (per person) (VIP tickets for Saturday and Sunday on-field events, Toast the Tour and Bonhams Receptions Saturday) |
|  | _____ <b>Toast the Tour Reception &amp; Preview</b> <b>\$ 75</b> (per person) (VIP Tickets to Toast the Tour and Bonhams Receptions on Saturday)                              |
|  | <b>Additional donation OR I cannot attend, but want to donate</b> \$ _____  |
| <input type="checkbox"/> <b>Check Enclosed</b> (Payable to The Drive to Treat Autism Fund) <span style="float: right; margin-right: 50px;"><b>\$ _____ Total Amount</b></span> |   |

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card:**     Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

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

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Or pay online by credit card at: [www.fairfieldcountyconcour.com](http://www.fairfieldcountyconcour.com)

**Mail check to: The Drive to Treat Autism Fund, P.O. Box 914, Westport, CT 06881**