



Twilight Gala

Individual Tickets: (detach & return this form)

Name: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Ticket Quantity: (\$150 per person) _____ (list names below)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Donation: \$ _____

Payment: Check Enclosed (payable to CT Spinal Cord Injury Association) *

Please return this form to:

**CT Spinal Cord Injury Association,
A Chapter of United Spinal
c/o Gaylord Hospital PO BOX 400
Wallingford, CT 06492
Tel: 203-284-1045
Email: nsciact@gmail.com
web: www.sciact.org**