

Skate Into Spring

with

The Marc S. Zeplin Foundation

Sunday, April 3, 2011
Westchester Skating Academy
Elmsford, New York
5:00pm - 7:30pm



Fun for all ages...

Music, Skating and Skyliners Show

Magician and balloonist

Dinner, snacks and cupcake decorating

All proceeds from the event will be donated to Pediatric Cancer Foundation and Tuesday's Children's Project Common Bond

Please fill out attached response form and mail to:

The Marc S. Zeplin Foundation

Family Fun Day

P.O. Box 145

Purchase, NY 10577

The Marc S. Zeplin Foundation Family Giving Opportunities

Please check here and fill out information on reverse side of card.
Commitment must be received by March 15, 2011 to be
included on signage at event. Thank you!

_____ Figure "8"	\$2500	Includes family pass Signage at Event
_____ Hat Trick	\$1000	Includes family pass Signage at Event
_____ Goal!	\$500	Includes family pass Signage at Event
_____ Slap Shot	\$250	Includes (4) tickets Signage at Event
_____ Speed Skating	\$50pp. (Free to children under two years old)	#tickets _____
_____ Other	\$ _____	
_____ Corporate Sponsor	\$ _____ (min. \$1000)	Includes family pass Signage at Event

You can increase your gift...Please check to see if your company
has a matching gift policy and attach your matching gift form.

The Marc S. Zeplin Foundation - Family Fun Day April 3, 2011 5:00pm - 7:30pm

To purchase your tickets and/or make donations, please complete and mail
this card in the enclosed return envelope by March 15, 2011. Please see
reverse side of card for ticket prices and family giving opportunities.

The _____ family will be attending.

Enclosed please find our donation of \$ _____.

The _____ family will be unable to attend,
but would like to support the Family Fun Day. Enclosed please find
our donation of \$ _____.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please make all checks payable to the Marc S. Zeplin Foundation.
To charge your tickets/donations, please complete the information below.

_____ Check enclosed _____ Visa _____ Mastercard

Account # _____ Exp. Date _____

Name as it appears on the card _____

Authorized Signature _____

The non-deductible portion of each individual ticket is \$25.

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