

ITALIAN AMERICAN MUSEUM

Gala & Awards Ceremony

Friday, April 28, 2006
Cipriani Wall Street
55 Wall Street, New York City

I am delighted to attend. Please reserve the following:

_____ Table(s) of 10 @\$4,000 per table

_____ Individual Tickets @\$400 per ticket

_____ I am unable to attend, but I am pleased to enclose a donation
to the Italian American Museum for \$_____.

Credit Card No. _____ Expiration Date _____

Signature _____

Name _____

Title _____

Company _____

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City _____ State _____ Zip _____

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For additional information call (212) 541-1031/1021, fax (212) 541-0180,
or email info@italianamericanmuseum.org

Please print names of guests on the back of this card.

All contributions are tax-deductible to the extent allowed by law. The Italian American Museum
is a section 501 © (3) corporation. Federal ID# 13-4178050.

Guest List

Please print clearly

1. Name _____

Title and Company _____

2. Name _____

Title and Company _____

3. Name _____

Title and Company _____

4. Name _____

Title and Company _____

5. Name _____

Title and Company _____

6. Name _____

Title and Company _____

7. Name _____

Title and Company _____

8. Name _____

Title and Company _____

9. Name _____

Title and Company _____

10. Name _____

Title and Company _____