

*An Evening With Neil Murray*

**INVITATION - REPLY CARD**  
**RSVP by Friday, October 17, 2008**

Number of Guest Tickets: (\$175 per person) \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

\_\_\_ Cannot Attend, please accept my donation of: \$ \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company: \_\_\_\_\_

**Payment Method:** \_\_\_ Check Enclosed \_\_\_ Credit Card (Please indicate card below)

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ Amex \_\_\_ Discover

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

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

Credit Card Billing Address: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please mail & make checks payable to: **Foundation for Quality Care, Inc.**  
**33 Elk Street, Suite 300**  
**Albany, NY 12207**