

Nebraska State Bar Association/
Charitable Funds, Inc.

Barristers 'Ball 2006



Name _____

Print as you wish it to appear in print

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address: _____

TABLE PATRON (*seats 10*) _____ No. of Tables @ \$1,500 per Table \$ _____

INDIVIDUAL TICKETS _____ No. of Tickets @ \$100 per Ticket \$ _____

YOUNG LAWYERS TICKETS _____ No. of Tickets @ \$75 per Ticket \$ _____

CONTRIBUTION I am unable to attend. Enclosed is my tax-deductible gift \$ _____

PAYMENT (*Payable to Charitable Funds, Inc.*) VISA MasterCard Check

Account # _____ Exp. Date _____

Signature _____

Please R.S.V.P. by **May 1, 2006**. For more information, call 402.475.7091
Contributions over \$50 per person are tax-deductible.

Please list the names of those you would like seated at your table:

Please return to:
Sam Clinch
Nebraska State Bar Association
PO Box 81809
Lincoln, NE 68501-1809
FAX: 402.475.7098 • PH: 402.475.7091