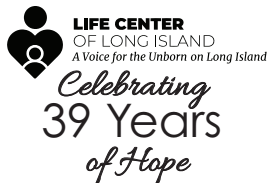


Response Card

RSVP by September 8, 2025



Name _____

Address _____

Phone _____ Email _____

Please reserve _____ seats @ \$180 per Adult

Please reserve _____ seats @ \$100 per Student

Please reserve _____ tables of 10 @ \$1500 per Table - *If reserved by Sept. 8th*

Please list the names of your guests and/or seating request on the reverse side of this card.

____ I cannot attend the Annual Gala but I wish to support the work of the Life Center.

Please accept my donation in the amount of _____

Please make checks payable to Life Center of Long Island
and enclose with this card in envelope provided.

IRS regulations require that the Life Center state we are a tax-exempt organization under Code Section 501 c (3).

*Pursuant to IRS regulations please be advised that any goods, services or value you receive
at this event will be deducted from your original contribution.*

For further information please call (516) 798-8746