

# ANTIQUES show & sale

## RESERVATIONS

**Yes, I would like to support the Minneapolis Institute of Arts Antiques Show and Sale.**

### GUARANTOR \$500/PERSON

- Hors d'oeuvres, desserts and cocktails at the art-filled home of Bob and Siri Marshall ~ Tuesday, October 7, 2008
- Private Guarantors' opening reception, followed by the Gala Preview Party ~ Thursday, October 23, 5pm (Tour begins at 5:30pm)
- Free daily admission to the Show
- \$400 tax deductible

We plan to attend the Guarantors' reception at 5pm prior to the Gala Preview Party:

Yes  No  Number attending \_\_\_\_\_

### BENEFACTOR \$250/PERSON

- Private Benefactors' opening, followed by the Gala Preview Party ~ Thursday, October 23, 6pm
- Daily admission to the show
- \$150 tax deductible

We plan to attend the Benefactors' reception at 6pm prior to the Gala Preview Party:

Yes  No  Number attending \_\_\_\_\_

### PATRON \$125/PERSON

Gala Preview Party ~ Thursday, October 23, 6:30pm

We plan to attend the Gala Preview Party:

Yes  No  Number attending \_\_\_\_\_

**Collect and Connect: A Mixology Party for New Collectors** ~ Friday, October 24, 6-9pm, \$30/person

Yes  No  Number attending \_\_\_\_\_

**"How to Collect For Supper" A Dialogue with Lynne Rossetto Kasper** ~ Saturday, October 25, 2pm, \$25/person

Yes  No  Number attending \_\_\_\_\_

Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

- |  |                |
|--|----------------|
| <input type="checkbox"/> Preview Party Guarantor \$500/person            | Total \$ _____ |
| <input type="checkbox"/> Preview Party Benefactor \$250/person           | Total \$ _____ |
| <input type="checkbox"/> Preview Party Patron \$125/person               | Total \$ _____ |
| <input type="checkbox"/> Friday Evening Collect and Connect \$30/person  | Total \$ _____ |
| <input type="checkbox"/> Dialogue with Lynne Rossetto Kasper \$25/person | Total \$ _____ |
| <input type="checkbox"/> Cannot attend but would like to contribute      | Total \$ _____ |

Grand Total \$ \_\_\_\_\_

### PAYMENT METHOD

Check enclosed \$ \_\_\_\_\_ Payable to: **MIA Antiques Show and Sale**

Charge my Visa/Mastercard/American Express \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration date \_\_\_\_\_

Cardholder signature \_\_\_\_\_

*All special events include one day show admission.*

Please mail this form with your contribution to:

Minneapolis Institute of Arts  
Antiques Show & Sale  
2400 Third Avenue South  
Minneapolis, MN 55404

Show location:

**Zuhrah Shrine Center**  
**2540 Park Avenue South, Minneapolis**

*Reservations will be held at the door.*

**Thank you for your support!**

For more information,  
please call: (612) 870-3039  
or visit [www.miaantiquesshow.org](http://www.miaantiquesshow.org)

