

## Nick Larigakis' 30th Anniversary at the AHI

Please complete, and return this form by October 24, 2017.

Please reserve seat(s) at \$175 per person = \$	
Please reserve a table of 10 for \$2,000 in the name of:	*
Name	
Address	
City, State, Zip	
Phone	
Email	
Please list your guest(s) in the space provided below.	*
I cannot attend, but wish to make a tax-deductible gift of \$ to AHI.	
T cannot attend, but wish to make a tax-deductible gift of \$ to Arm.	
Payment Method:	
Please charge \$ to my:   \[ \subseteq \text{VISA} \subseteq \text{MC} \subseteq \text{AMEX} \]	
Card # Exp. date /	<b>X</b>
Signature	
My check for \$ is enclosed payable to the AHI.	



## AMERICAN HELLENIC INSTITUTE

1220 Sixteenth Street NW, Washington, DC 20036 • ahiworld.org