

FECC 17th Annual Fundraising Gala

A Special Invitation from
Friends of Egyptian Children

with

CANCER



Please join
Friends of Egyptian Children with Cancer

For the 17th Annual Fund Raising Banquet

On Saturday February 17th, 2018

6:30 – 10:30 PM

at

Double Tree by Hilton

Greenway Plaza

6 E Greenway Plaza, Houston, Texas 77046

Tel: 713-629-1200

Guest Speaker

Miral Kotb ~ CEO & Founder of iLuminate

Hear a great story of courage from one of our own young Egyptian Americans who is winning her fight against cancer....

Entertainment by:
iLuminate

Silent & Live Auctions

FECCH is a Non-profit 501 (c) (3) Organization
For more information call Dr. Samia Khalil 713-822-7073

www.FECCHouston.org

Ticket Price

Adult: \$150/person or \$1500/table of 10

Children: \$100 (6 – 11 years)

All reservations must be received no later than February 14th, 2018

How to Purchase Gala Tickets

1. Mail-in reservations (by check written to **FECC**)
Fill out the enclosed Gala Reservation Form and mail it with your check to:
FECC, P.O. Box 155, Bellaire, TX 77402-0155
2. On-line reservations (by credit/debit card)
Visit the FECC website at www.fecchouston.org/events/fecc-gala-reservation.

To ensure seating of guests at your table, please list their first and last names on the mail-in or on-line reservation form and if a vegetarian meal is required.

If you cannot attend, please consider making a tax-deductible donation to FECC.

If you would like to sponsor the Gala, Sponsorships (\$2,500 or more)
will be greatly appreciated.



RSVP



LIST GUEST'S FIRST & LAST NAMES. CHECK BOX IF ADULT OR CHILD (6 - 11 yrs.) AND IF VEGETARIAN MEAL IS DESIRED.

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2018 FECC Fundraising Gala

Double Tree by Hilton

Greenway Plaza

February 17th, 2018 at 6:30 PM

I would like to reserve:

- ___ Seat(s) at \$150 per adult
- ___ Seat(s) at \$100 per child (6 - 11 yrs)
- ___ Table for ten (10) at \$1,500/table
- ___ I will not be able to attend, but please accept my donation of \$ _____

Qty

Adults _____ x \$150 = _____

Children _____ x \$100 = _____

Donation _____

Sponsor (\$2,500 minimum) _____

TOTAL _____

Name: _____

Address: _____

City/State/Zip: _____

_____/_____/_____

Phone: _____

() _____ - _____

Email: _____

All reservations must be received no later than February 14th, 2018.

To reserve your seat(s) or table, fill out this form.

Mail it with your check to:

FECC, P.O. Box 155, Bellaire, TX

77402-0155

1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
