

SIR JOHN SOANE'S MUSEUM FOUNDATION WINTER 2011 RESPONSE FORM

All prices listed are per person. Reservations are required and taken on a first-come first-serve basis as spaces are limited.

JANUARY *in* NEW YORK CITY

BENEFIT EVENING

___ x \$25 **WEDNESDAY, 19 JANUARY**
– 5:30pm
Talk by **Tim Knox**

___ x \$100 Benefit Reception and preview
of the exhibition
Inspired by Antiquity

Location: Carlton Hobbs LLC
60 East 93rd Street
(bet. Park and Madison)

Attire: Business

Reservations: Advanced reservations required.
Please respond by Friday, 1/14
212-223-2012, fax 860-435-8019
email: chas@soanefoundation.com

JANUARY *in* BOSTON

IN MARBLE HALLS

___ x \$25 members **THURSDAY, 20 JANUARY**
and non-members – 6 pm
Talk by **Tim Knox**

Location: Boston Athenaeum, 10½ Beacon St.
Attire: Business
Reservations: Advanced reservations required.
Please respond by Friday, 1/14
212-223-2012, fax 860-435-8019
email: chas@soanefoundation.com

LUNCH IN HONOR OF TIM KNOX

___ * **FRIDAY, 21 JANUARY**
– 12:30pm to 1:30pm
**Join us as guests of Waterworks*

Location: Waterworks, One Design Center
Place, Suite 147
R.s.v.p. Sue Corr at 617-951-2496 by 1/14.

Yes - I'd like to be a Charter Member of the Soane: **Soane Supporter's Circle** \$100 Admirer's \$250
Architects & Designers Circle \$500 Patron's Circle \$1,000 Collector's Circle \$10,000

Name(s) and Address _____

City _____

State _____

Zip _____

Telephone(s): _____

Fax _____

E-mail: _____

Payment Options (ticket prices are not tax deductible; additional contributions are fully tax deductible):

___ CHECK: Please make your check payable to SIR JOHN SOANE'S MUSEUM FOUNDATION, and return to the below address.

___ CREDIT CARD: American Express, Visa, MasterCard – No. _____

Name on the card: _____ Exp. _____ Zip Code of Billing Address: _____

Sir John Soane's Museum Foundation 1040 First Avenue, No. 311 New York NY 10022
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