

Dear Mr. Michael and Mrs. Maria Kiely,

We are pleased to invite you to a banquet and gala in your honor on Friday, December 10, 2010, at the Manhattan Center's Grand Ballroom in New York City. This historic celebration, "Honoring our Traditions: 40 Years of Faith," marks the 40th anniversary of the 777 Couples' Blessing, held in 1970, as well as the 43 Couples' Blessing, held in 1969. We are inviting as our guests of honor members of the 777 and 43 Blessings who reside in the USA, as well as Unificationists in America who have attended our True Parents for 40 years or more, having joined our Movement before January of 1971.

The program will begin at 7:00 PM on Friday, December 10th. We hope that you and your loved ones will join us for a celebration meal, and a gala evening of music, tributes, testimonies and ballroom dancing. I would be especially pleased to be able to thank you personally on behalf of our True Parents and all of our Brothers and Sisters in the American Movement.

Members of the 43 and 777 Couples' Blessings and 40-year pioneers are invited to Friday night's gala as our honored guests. Tickets for family, friends and others who wish to join the celebration are available at \$70 each, but must be purchased in advance through the attached registration form. Or you can register and order tickets online by clicking the "Honoring Our Traditions" banner at the members' homepage at <u>www.unification.org</u>, or similar banner at the Blessed Family Association website at <u>www.blessedfamilies.org</u>. Seating is limited, so I encourage you to order tickets soon.

You may wish to spend the weekend with us in New York City, giving us the chance to further appreciate your unforgettable contribution to God's providence at our Lovin' Life Worship Service at 10:00 AM on Sunday in the Manhattan Center. A fellowship luncheon will also be held at the Lovin' Life Learning Center at 4 W. 43rd Street at noon on Saturday. A "Traditions" bus tour will visit the sacred grounds of Belvedere and East Garden, where we shared so many memories with our True Parents. There will be a nominal fee for those who wish to participate in these Saturday events.

We look forward with excitement to this opportunity to honor and appreciate you for your lifetime of attendance and faith toward our True Parents, and hope you will join us for this meaningful occasion. For further information, see the attached registration form which you can return to us by fax at 212-997-0054 or regular mail. For questions or assistance, please call Mrs. Betsy Jones at 518-326-3467 or Alice Boutte at 518-576-9893.

Love and appreciation,

Juschenne

Rev. In Jin Moon CEO/President HSA-UWC USA

Honoring our Traditions: 40 Years of Faith

Registration Form

PLEASE CHECK ONE BOX	I AM AN HONOREE		I AM A GUEST	
Last Name	Husband First Name	Spiritual Birthday	Physical Birthday	Blessing No.
	Wife First Name	Spiritual Birthday	Physical Birthday	Blessing Date
Address		City		Zip
Address				
Husband's Cell	Wife's Cel		Home Number	r
Email Address 1 Email Address 2				
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Honorees Attend For Free Event Registration				
Banquet and Gala Deadline for Reservations is December 1st, 2010				
Husband will attend - Yes/No Enter Additional Tickets you are requesting				
Seating is limited and can only be guaranteed				
Wife will attend - Yes/No by purchasing tickets beforehand. The cost per ticket is \$70 per Person.				
We regret that we are unable to attend				
Other Activities				
Enter No. of People - I/We are interested in attending the "Fellowship Luncheon" at 12:00 noon				
Saturday, December 11th, 2010 at 4 West 43rd Street. The cost is \$25.00 per person				
Enter No. of People - I/We are interested in joining the "Traditional Bus Tour"				
to Belvedere and East Garden that same afternoon. The cost is \$15.00 per person				
Payment Information Please make sure you enclose your Check or Money Order and Court for HSA unc- You can also pay by Credit Card We accept Visa, Master and Discover Cards				
\$ Amount Due - Please add up your total based on Events you plan to attend and enter here.				
Please check the appropriate box for your Payment Method My Check/Money Order is enclosed				
	ey ofder is enclosed		Billing Name - First, Last	
Please charge m	y Credit Card VC	MC DC		
Credit Card Number Exp. Date Billing Address if different from above				it from above
	f		City	ST Zip
Signature				
Special Requests (Dietary Requirements, Handicapped Access, etc)				
	in the second			

Fax Us Your Registration at 212-997-0054

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