

2018

Name _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Enclosed is my payment for #_____of reservations @ \$375 per person

#_____Chance Tickets @ \$100 each

_____My regrets are expressed with the enclosed donation

Total Payment_____

Method of Payment: Check Amex Visa MC Discover

Name _____ Signature _____

Card # _____ Exp. Date _____ Sec # _____

Please
Respond by
November 28TH

Please make checks payable to Angel Charity for Children, Inc.

I wish to be seated with :

Host

_____ I have no seating preference

Please specify food restrictions by guest name