

KINDLY REPLY *by* FEBRUARY 14th

NAME(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____

PHONE _____

_____ Reservations • \$125 per person

_____ Reserve a Table for Ten • \$1250

I wish to be seated with: _____

I prefer a: _____ vegetarian menu _____ gluten free menu

_____ seafood/shellfish allergy

_____ I cannot attend but wish to make a tax deductible donation.



TOTAL AMOUNT \$ _____ (RESERVATIONS / DONATIONS)

_____ CHECK ENCLOSED _____ VISA _____ MASTERCARD

CREDIT CARD # _____

EXPIRATION DATE _____ SECURITY CODE _____

BILLING ZIP CODE _____

NAME ON CARD _____

SIGNATURE _____