

IFI Fall Fatherhood Celebration Luncheon
Thursday, November 16, 2017
Union League Club of Chicago
(65 West Jackson Blvd)

RSVP FORM

Name: _____ Daytime Phone: (____) ____-_____

Address: _____

City/St/ZIP _____

E-Mail _____

11:30 am Reception
Noon Lunch
12:30 pm Presentations

____ Our school _____ is pleased to accept your invitation for two complimentary seats at the luncheon. Here are the names of our two representatives:

1) _____ circle one: teacher/principal/other (_____)
2) _____ circle one: teacher/principal/other (_____)

____ Please reserve ____ seat(s) @ \$50 per seat \$ _____

____ Please reserve ____ table(s) of ten @ \$500 per table \$ _____

____ I/We intend to have ____ guests attend. Here are the guests' names:

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____
8) _____
9) _____
10) _____

____ I would like to make a donation to Illinois Fatherhood Initiative \$ _____

Method of Payment _____ Total \$ _____

____ Please charge my (circle one): VISA Master Card AMEX

Acct # _____ Exp. Date ____/____ *signature*

____ Enclosed is my check(s) payable to "IFI."

**Please email this form to: rsvp@4fathers.org or by mail along with your check(s) to: IFI,
1 N. Dearborn Street #1000, Chicago, IL 60602, by no later than November 10, 2017.**