

Painting A Bright Future for Nicaragua

_____ Reservations \$85/person

RSVP by Friday, April 20, 2018

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Please indicate your seating request on the reverse side of this card.

Tables seat 8-10. Make checks payable to: The Church of St. Michael & St. George

Please charge my reservation to: MasterCard _____ Visa _____

Card member name _____

Address _____

City, State, Zip _____

Phone _____ Card # _____ Expiration _____

I am unable to attend, but please accept this tax-deductible donation: \$ _____

For more information,

contact Jennifer McGrath at 636.778.1256 or jenmcgrath123@gmail.com

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TABLE SEATING

Please list the names of people to be seated at your table

	PAYMENT	
	Included	Separate
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>