The Road Ahead RSVP

Please RSVP by May 19, 2018

Name:_____

Address:_____

Email:_____

Total amount enclosed: $_____

☐Check ☐MasterCard ☐Visa ☐Discover ☐Amex

Account#:_____

Exp.:_____/_____ CW:____Billing Zip_____

Card Holder Name:_____

Card Holder Signature:_____

My Reservation

☐Individual tickets x $125/person ☐$1,250 Table of 10

☐I cannot attend but would like to make a tax-deductible donation of $_____ toward the St. Catherine of Siena *Road Ahead* fund

Please enclose a check payable to St. Catherine of Siena Parish.

Thank You

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Please include the following people at my table:

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1. Guest name:_____
2. Guest name:_____
3. Guest name:_____
4. Guest name:_____
5. Guest name:_____
6. Guest name:_____
7. Guest name:_____
8. Guest name:_____
9. Guest name:_____
10. Guest name:_____

Dietary restrictions?_____

For how many?_____

Follow us on Facebook
www.facebook.com/stcatherineofsienachurch/

Thank You

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