

KINDLY REPLY BY FEBRUARY 15, 2010.

Third Annual
Y YMCA
Giving Gala
benefiting the
Plainfield Community
www.givinggala.org

M _____

_____ Number of Guests Attending @ \$125 per person
*Complete reverse side with guest information and
anyone you'd like to be seated with.*

_____ Please Reserve a Table of 10 (\$1250)
Complete reverse side with guest information.

Name For Table Reservation _____

_____ I/We are unable to attend, but have enclosed a
gift of \$_____.

All proceeds benefit the C.W. Avery Family YMCA scholarship fund for families experiencing financial difficulties.

Payment must accompany reservation. Please make checks payable to the "C.W. Avery Family YMCA" or complete back side to pay with a credit card.

Credit Card Information

Credit Card (circle one): Visa Mastercard Discover

Credit Card #: _____

Exp. Date: _____ CVV#: _____

Guest Information

Please provide guests, their contact information and food choices.
Please also list anyone you want to be seated with.

1 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

2 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

3 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

4 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

5 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

6 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

7 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

8 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

9 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian

10 Name: _____ Email: _____

Beef Tenderloin Salmon Vegetarian