



Reservation Form

Friday, November 8, 2024

First Name Last Name (Maiden Name if Alumna) Year Graduated

Street Address City State Zip Code

E-mail Address Phone Number

..... **Ticket Information**

- Please reserve ____ ticket(s) at \$100 each
- Please reserve ____ table(s) at \$800 per table
- Unfortunately, I will not be able to attend the *Gala* but enclosed is my contribution of \$_____

..... **Payment Information**

- Enclosed is my check for \$_____
- Credit Card Payment: (please circle one) Visa Master Card American Express
- Card Number: _____ Expiration Date: _____ Billing Zip Code: _____
- Signature: _____

..... **Seating**

I would like to sit with _____

I am purchasing tickets for a full table (8 Tickets) and would like the following guests seated with me.

For bidding purposes, the names of attendees are required.
