

Mercy Connections Spring Luncheon

Please respond by May 10, 2010

Seating limited to 450 people

Name(s) _____

Address _____

Telephone _____ Email _____

___ I will be attending, please reserve ___ seat(s) for me at \$40 per person (\$20 tax deductible)

___ I will be attending, please reserve a table of 10 for me at \$375 (\$175 tax deductible)

___ I would like to sponsor a Sister's ticket for the luncheon at the cost of \$40 (\$40 tax deductible)

___ I'd like to make an additional contribution of \$_____ to support Mercy Connections.

___ I will be unable to attend but would like to support Mercy Connections' programs with a tax deductible gift of \$_____.

Please use the reverse side to include the names of those who you would like to have at your table.

Payment:

___ Check enclosed \$_____, made payable to Mercy Connections

___ MasterCard ___ Visa ___ Discover Credit Card # _____

Exp date _____ Amount \$_____ _____

Signature (required for credit card transactions)

Our tables seat 10 guests,
please list friends with whom you would like to sit:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For more information contact Donna Maloska at 802.846.7063
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