

A Metropolitan Evening of Music

RESERVATIONS DUE BY
APRIL 19

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE RESERVE FOR ME:

____ INDIVIDUAL | \$40 PER PERSON

____ DONOR | \$55 PER PERSON | LISTED IN PROGRAM

____ TABLE FOR 8 | LISTED IN PROGRAM | \$400 OR ____ TABLE FOR 10 | LISTED IN PROGRAM | \$500

____ I AM UNABLE TO ATTEND, BUT WISH TO GIVE A GIFT OF \$ _____

ENCLOSED IS MY CHECK FOR \$ _____

**A contribution in excess of \$20 per person may be used
as a charitable deduction for income tax purposes**

*Please make
checks payable
to Signature
School*