



Yes, I will attend the
50th Anniversary Candlelight Ball

My Name _____

Address _____

City/State/Zip _____

Telephone _____

Email Address _____

Total Reservations _____ x \$125 = _____

Please make checks payable to: The Friends of Saint Anne's Hospital

You may charge your reservations and raffle purchase to: (circle one)

MasterCard | Visa | AMEX | Discover

Cardholder's Name _____

Card Number _____ Expiration Date _____

Signature _____ Total Payment \$ _____

With regrets, I am unable to attend, but please accept my donation of \$ _____

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Please complete guest and table reservation information on back. —>>

Complete this form and return it in the enclosed envelope prior to September 22nd. Reservations may be faxed to 508-235-5078, Attention: FSAH Gala. *Additional RSVP cards can be found at www.FriendsofSaintAnnes.org.*

Please indicate all **additional** guest names to be reserved with your payment:

Guest #1 _____

Guest #2 _____

Guest #3 _____

Guest #4 _____

Guest #5 _____

Guest #6 _____

Guest #7 _____

Guest #8 _____

Guest #9 _____

Please indicate with whom you prefer to be seated should those guests not be included with this payment. Every effort will be made to accommodate your request. Table sizes may vary. Reservations will be made based upon date received, while seats are available.

Reserve my/our seats with _____

and/or _____

If you have any questions or have dietary restrictions, please call 508-235-5057.