

St. Francis of Assisi Catholic School Educational Trust Fund Benefit

Come Fly with Me

PLEASE RESPOND BY APRIL 14, 2008.

Responses received by April 4, 2008 will be entered into a drawing for a free night at Kensington Court. Some restrictions apply.

Please print names as you would like them to appear on printed materials. Additional names on back.

(last) _____ (first) _____

(last) _____ (first) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Reservations

____ Number of **Individual Reservations*** (\$125 each)

____ Number of **Tables*** of 10 (\$1,250 per table)

I am unable to attend, please accept this donation. Amount \$ _____

I would like to sponsor teachers to attend the ETF Benefit. ____ number of teachers (\$125 each)

For **Special Dietary Needs**, please call Colleen Pierce at 734-821-2208.

Payment*

Enclosed is my check for \$ _____ payable to the Educational Trust Fund.

Visa Mastercard Card # _____

Name on card _____ Exp. Date _____

Signature _____ Security Code _____

*Reservations are tax-deductible above the fair market value of \$55 per person

Please list on back the guest(s) with whom you would like to be seated.

Come Fly with Me

- Please seat me with the guest(s) listed below, if possible.
- Please find the name(s) of my guests listed below.

PLEASE PRINT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

