Name(s)_____ No. of Attendees _____

City, State, Zip _____

Phone _____Email _____

❑ I am unable to attend, please accept my donation of: $_____

Amount you wish to give: ❑ $_____ ❑ $35 ❑$50 ❑ $75 ❑ $100 or more

Payment by ❑ Cash ❑Check ❑Credit Card

Card #_____ exp._____ CVV#_____

Thank you for your generous donation! Questions? 315-478-1923 or kdill@sageupstate.org. The facility is wheelchair accessible, and sign language interpreters are available on request. Mail to SAGE Upstate, 431 E. Fayette St., Syracuse, NY 13202. *Please include the names of additional attendees on the back of this card so we can prepare name tags. Thanks!*

Dinner Choice
Include all diners in this reservation
Chicken Marsala _____
Egglplant Parmesan _____