

Please respond by October 16. Seating is reserved on a first-come first-served basis.

Name \_\_\_\_\_ No. of Attendees \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I am unable to attend, please accept my donation of: \$ \_\_\_\_\_

Amount you wish to give:  \$ \_\_\_\_\_  \$25  \$50  \$75  \$100 or more

Payment by  Cash  Check  Credit Card

Card # \_\_\_\_\_ exp. \_\_\_\_\_ CVV# \_\_\_\_\_

The dinner will be a gourmet meal (vegetarian available). Thank you for your generous donation. Questions? 315-478-1923 or [kdill@sageupstate](mailto:kdill@sageupstate) The event facility is wheelchair accessible and the program will be sign language interpreted.

Please provide the names of additional attendees on the back for nametags.