

2010 Annual Dinner

Please reserve _____ places at \$95.00 per person. \$ _____

Please reserve a table for 8 \$ _____

(List names on back of card)

Raffle tickets at \$25.00 each or 5 for \$100.00 \$ _____

I cannot attend, but would like to make a donation.* \$ _____

Total Enclosed \$ _____

Name **(please print)** _____

Address _____

City, State, Zip _____

Phone _____ **RSVP by February 23, 2010**

*Donations of \$100 or more are listed as "Patron" in the Ad Book.

Make check payable to Will-Grundy Medical Clinic.

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I wish to be seated with: _____

I am hosting a table. My guests are:

Printing Courtesy of JM Printers

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