

A Hand Up Not A Hand Out

Name: _____

Business/Organization/Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- Please reserve _____ table(s) of 10 at \$600/table (\$35 per ticket is tax deductible)
- Please reserve _____ places at \$70/person
- I will sponsor _____ award recipient(s) at \$70 each
- I cannot attend but have enclosed my tax-deductible contribution of \$ _____ to support the work of Porchlight, Inc.



Please fill out payment and guest information on back ►

PAYMENT (choose one)

- Check in the amount of \$ _____ is enclosed. (Payable to Porchlight, Inc.)
 - Bill my credit card \$ _____. Visa / Mastercard / AmEx (circle one)
- Card # _____ Exp. _____ 3-digit security code on back of card _____

GUEST LIST (Please list first and last names and choose one meal option per person: gluten- and dairy- free chicken dish [c] or vegan dish [v]. Both options include a salad and dessert.)

- | | | | |
|----------|---|-----------|---|
| 1. _____ | <input type="checkbox"/> c <input type="checkbox"/> v | 6. _____ | <input type="checkbox"/> c <input type="checkbox"/> v |
| 2. _____ | <input type="checkbox"/> c <input type="checkbox"/> v | 7. _____ | <input type="checkbox"/> c <input type="checkbox"/> v |
| 3. _____ | <input type="checkbox"/> c <input type="checkbox"/> v | 8. _____ | <input type="checkbox"/> c <input type="checkbox"/> v |
| 4. _____ | <input type="checkbox"/> c <input type="checkbox"/> v | 9. _____ | <input type="checkbox"/> c <input type="checkbox"/> v |
| 5. _____ | <input type="checkbox"/> c <input type="checkbox"/> v | 10. _____ | <input type="checkbox"/> c <input type="checkbox"/> v |

DIETARY RESTRICTIONS _____

RSVP by Wednesday, October 11, 2017

Questions? Contact Jessica at (608) 257-2534 ext. 20 or jmathis@porchlightinc.org

