



A Night with an Angel

May 2, 2011

Please RSVP by April 8

Name _____

Address _____

Phone _____

Email _____

Please reserve _____ seat(s) at \$100 per person; total \$ _____

I am unable to attend, but enclosed is a contribution of \$ _____

MAKE CHECKS PAYABLE TO THE *EMILY C. SPECCHIO FOUNDATION* • PLEASE INCLUDE ENTIRE PAYMENT FOR ALL GUESTS LISTED
PLEASE USE REVERSE SIDE FOR SEATING REQUESTS • SINGLE RESERVATIONS ARE WELCOME

If possible, please seat us at a table with:

name

telephone

Emily C. Specchio
FOUNDATION



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