



A Night with an Angel

Monday, May 2nd 2016

Cocktails at 6:30 & Dinner at 7:45

Please rsvp by April 4th

Name _____

Address _____

Phone _____

Email _____

Please reserve _____ seat(s)
\$110 per person; total \$ _____

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

MAKE CHECKS PAYABLE TO THE *EMILY C. SPECCHIO FOUNDATION*

PLEASE INCLUDE ENTIRE PAYMENT FOR ALL GUESTS LISTED

USE REVERSE SIDE FOR SEATING REQUESTS

SINGLE RESERVATIONS ARE WELCOME





If possible, please seat us at a table with:

name & telephone/email



1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

WWW.EMILYCSPECCHIOFOUNDATION.ORG





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*The Emily C. Specchio Foundation
52 Maple Avenue
Morristown, NJ 07960*