

Reservations

Please reply by October 31st

Name(s) _____
Address _____
City, State, Zip _____
Phone _____

Attendance

- Individual - \$85** Number of Guests _____
- Corporate Table for 8 - \$900** Name for Recognition at the Event _____
- Sorry, I am unable to attend. However, I have enclosed a tax-deductible gift of _____ to help the patients of Pine View.
- Please charge the amount of \$_____ to my credit card. Card Type: MC VISA
Credit Card # _____ CVC # _____ Exp. Date _____
Name on card _____ Signature _____

(Reservations can be made at www.pineviewwrc.org)

\$25 of your reservation cost per person is tax-deductible to the extent allowed by law.

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