

Fall Gala!



Saturday, November 3rd, 2018
St. Catherine Laboure Marian Hall
Please respond by October 26th, 2018

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Reserve _____ places at \$150 each (\$75 of the cost per person is tax deductible)

Donation _____ I cannot attend but enclosed is a donation.

If possible, please seat me with the following guests: Table of 8 Table of 10

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment Information:

Enclosed is my check in the amount of \$ _____ made payable: to *The Women's Center*

I would like to pay by credit card:

Visa MasterCard Discover Exp. Date _____

Card # _____ 3 Digit Security Code _____

Name exactly as it appears on the card:

Billing address (if different from address above):

Please mail your reservation with payment to: The Women's Center, 5116 N. Cicero Ave., Chicago, IL 60630
...or call us to register at 773-794-1313