

celebrate the children

I WILL ATTEND.

Please save # _____ seat(s) at \$125 per person

Name(s) attending: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

email: _____

I am unable to attend, but please accept my tax-deductible donation of \$ _____

Enclosed is a check made payable to:
ASSOCIATION FOR CATHOLIC CHILDHOOD

I would like to be seated with:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

I would like to sponsor a table of 10 people. Sponsorship is \$1,100. My guests will be (include name and phone #).

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

Please charge my: Visa Master Card

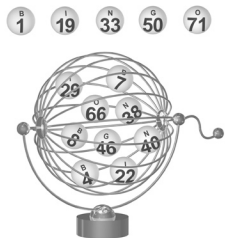
Card # _____ Exp. ____/____

Signature: _____

Reservations accepted only with payment and due by October 14, 2009. Seating is limited and is on a first come first serve basis.

Association for Catholic Childhood
100 23rd Avenue South
Seattle, WA 98144

Place
Stamp
Here



Mail to: Lynn Swick
2822 West Viewmont Way West
Seattle, WA 98199

RSVP BY OCTOBER 14, 2009