

West Hartford's Cookin' Response Card

Yes, I wish to attend and will purchase the following number of tickets: *Reservations will be listed at the door.*

\$50 Patron _____ (qty.) \$100 Benefactor _____ (qty.)

I cannot attend, but please accept my donation of \$_____

Name: _____

Phone: _____

Address: _____

Guests: _____

Please make checks payable to “Foundation *for* West Hartford Public Schools” or fill in credit card information below. Please mail payment with this card in the enclosed envelope to The Foundation *for* West Hartford Public Schools, 50 S. Main Street, Room 420, West Hartford, CT 06107.

Please consider having your employer match your contribution.

VISA Mastercard American Express

Name as it appears on the card: _____

Card number: _____

Expiration date: _____

Billing address w/zipcode: _____

For more information, please call 561-8755