

## 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.)  
*(listed in program book)*

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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 card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing Address w/zipcode: \_\_\_\_\_

\_\_\_\_\_

For more information, please call  
**(860)561-8755 or visit [www.fwhps.org](http://www.fwhps.org)**