

I/we will join Children's Aid Society
at the Annual Dinner on November 7th at 5:30 PM.

Contact Name(s) _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Email _____

I do not wish to receive news from Children's Aid Society via email.

Regret I/we cannot attend and I/we want to support the dinner with the enclosed donation.

I/we will buy the following number of tickets:

___ Adult ticket(s) at \$20 per ticket ___ Children's ticket(s) at \$10
per ticket (12 and under)

___ \$160 Table Sponsor – 8 tickets

Additional sponsorship opportunities are available at www.casid.org.

My/our check to Children's Aid Society is enclosed.

Please mail by **October 29, 2015** to:
Children's Aid Society Annual Dinner
343 Lincoln Way West
New Oxford, PA 17350

Thank You!

Tables will seat eight (8) guests, please list your guests' names below:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

Pay by Credit Card: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: ___/___ Amount \$ _____ CVS (3 digit #) _____

Signature: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____