

# A NIGHT OF HOPE

2024 GALA RESERVATION



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

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

City/State/Zip: \_\_\_\_\_

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

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

\_\_\_\_\_ # of Reservations (\$175 per person)      \$ \_\_\_\_\_

Additional Donation:      \$ \_\_\_\_\_

Unable to attend, accept my donation:      \$ \_\_\_\_\_

\_\_\_\_\_ # Request Vegan Meal      **TOTAL**      \$ \_\_\_\_\_

\_\_\_\_\_ # Request Gluten-free Meal

\_\_\_\_\_ Check    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ AMEX

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

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Use back of page for guest names or special seating requests