

2018 BREAST of FRIENDS GALA

Enclosed is \$ _____ for _____ reservation(s) at \$60 each.
(Please indicate seating request on reverse side.)

Name _____

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Please RSVP by March 31, 2018

Please make checks payable to **Dragon Dream Team**. For additional guests, provide same contact information as above and include with this response.

Sorry, I cannot attend, but I wish to be a Breast Friend. Here is my Dragon Dream Team donation in the amount of \$_____.

Reservation information: 330-571-4955 or maribix@aol.com

Mail to: Marilyn Purdy • 756 Treecrest Drive • Akron, OH 44333

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Reservation Requests

Please indicate any special dietary request:

Name _____ Specify Request _____

Name _____ Specify Request _____

Reserve a table (maximum of ten). Please seat me with the following:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ **Invited by Dragon Dream Team Member:** _____