

Legends Author Gala

RSVP

BY June 10, 2008

\$60.00 per Guest • \$700 Corporate Table

Name _____

Address _____

Phone _____

MasterCard _____ Visa _____

CC# _____ Exp. Date _____

Signature _____

Attending _____ Total Enclosed \$ _____

Please make checks payable to: **James V. Brown Library**



I am unable to attend. Please accept my donation of \$ _____

Seat me with _____

Please list all persons individually and select either Filet (F) or Salmon (S) for each. Please also note any dietary restrictions.

_____	F S	_____	F S
_____	F S	_____	F S
_____	F S	_____	F S
_____	F S	_____	F S
_____	F S	_____	F S

Please place in envelope and mail with check enclosed to:

JVBLibrary19 E. 4th Street, Williamsport, PA 17701~ Attention Sue Rider

Call or email your reservation to Sue Rider at 326-0536 ext.114 or srider@jvbrown.edu